

RESERVATION OF TITLE QUESTIONNAIRE

This Document should be completed and returned, together with any supporting documentation to:

Gerry Rea Associates
P O Box 3015
AUCKLAND
Fax 09 377 3098

Please provide full details and supporting evidence in answer to questions, otherwise your claim cannot be properly assessed.

Debtor Company:	
Supplier Name:	
Address:	
Telephone:	
Contact Person:	

1. Please supply copies of the following documents which relate to the supply of the goods subject to your claim:
 - (a) The written order(s)
 - (b) Acknowledgement of order(s)
 - a. Signed delivery note(s)
 - b. Invoice(s)
 - c. Credit notes (if any)
 - d. If the order(s) were not made in writing, please specify how they were made, by whom and on what date(s)
2. Please supply a copy of your standard terms and conditions of sale, and identify the clause(s) dealing with reservation of title
 - 1.
 - 2.
 3. Please state how and when your standard conditions of sale were brought to the company's attention.
 - 1.
 - 2.
 - 3.

4. Please provide evidence of acceptance of your terms and conditions by the company.
 - 1.
 - 2.
 - 3.
5. Please provide details of the goods to which you claim to have reserved title, including serial numbers or other means of identification. (If you wish to attend the company's premises to do this please telephone this office, 09 377 3099 beforehand, to make an appointment)
 - 1.
 - 2.
 - 3.
6. Please provide details of how you can specifically identify goods as having been supplied by you, and also whether (and if so, how) you can distinguish those that have been paid for from those which have not.
 - 1.
 - 2.
 - 3.
7. Have the goods you claim been changed or incorporated into others? If so what goods are involved and how have they been changed or incorporated?

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Signature

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Date