# FORM No. N4.1

This is the exhibit marked "S-1" referred to in the

			*affir	mation/affidavit o	f
			<u>*affir</u>	med/sworn on (date).	
				*Calinitar/Commissioner for Oath	_
				*Solicitor/Commissioner for Oath (Firm name)	<u>3</u>
				(Firm name)	
~ ~-					_
				he Deceased in Hong Kong as at the date of	<u>) f</u>
deat	th ("tl	<u>ne Schedule</u>	<u>e")1</u>		
Nan	ne of t	the Decease	ed:	("the Deceased"	<u>)</u>
Hon	g Koi	ng *Identity	y Card/Passport Number:		_
ъ.	<b>a.</b> D	. =			
Date	e of D	eath:			-
	A C(C	TETC			
Α.	<u>A55</u>	<u>SETS</u>			
	1.	CASH (P	lease specify amount)	HK\$	
	1.	CHOII (I	ieuse speerry umount)		
				(Foreign currency,	
				please specify:	i
	2.	CASH AT	ΓRANK		
	4.	CASITAI	DANK		
		Bank	Account No.	Balance as at date of death	
		<del></del>	1100011111101	HK\$	
				(Foreign currency,	
				please specify:	)
				,	

	<u>Bank</u>		Box No.	<u>Branch</u>	Contents (as shown in the inventory list annexed)
4.		KS, SHARES, WA		UNIT TRUSTS	
	(a)	In the name of the Holding	e Deceased <u>Companies/Tr</u>	rusts	
	(b)	Held under Secur Account Number Holding		1	
5.	BUSIN	TESS			
	Name		Business Reg	gistration Number	<u>Percentage</u>
6.		EHOLD GOODS ing picture, jewels,	furniture and so	on)	

3. SAFE DEPOSIT BOX

7.	MOTOR VEHICLES AND SHIPS (For motor vehicles, please specify class, registration mark and year of manufacture) (For ships, please specify class of vessel, licence number and length of vessel)
8.	LAND AND BUILDINGS (Please copy the exact description of the property as per the Land Registry records)
9.	INSURANCE POLICIES AND MPF ACCOUNTS (Please specify name of insurance company or fund, policy and account number)
10.	CHOSE IN ACTION (Including debts due to the Deceased, accrued rentals, compensation, utility deposits, interest in other estates, claims and so on)
11.	PROPERTY HELD BY THE DECEASED AS TRUSTEE OR AS MANAGER OF TSO OR TONG (Please copy the exact description of the property as per the Land Registry records)

12.	OTHER ASSETS (i.e. properties not covered by the above heads)

## B. <u>LIABILITIES</u>

Name of Creditors

Description of debt or liability

#### **NOTE**

This schedule is verified by affirmation/affidavit by the applicant/executor/administrator pursuant to section 15A/24A/49AA of the Probate and Administration Ordinance (Cap. 10). The accuracy or truthfulness of the information disclosed herein has not been verified by the Probate Registry or the High Court, which is not required by law to do so.

### **WARNING**

Pursuant to section 60J of the Probate and Administration Ordinance (Cap. 10), all companies, banks, firms and shops and other persons to whom a copy of this schedule may be presented should not deal with any property of the Deceased not set out therein. A person who fails to comply with section 60J commits a criminal offence and is liable to a fine and an additional penalty.

Dated the	day of	20 .	
		Signature of *affirmant/dep	onent

#### **Notes:**

- (1) This is the exhibit form for Form Nos. N1.1, N2.1 and N3.1.
- \*Delete or adapt as appropriate.