



Liquidation Assets
Protection Board

REGISTRATION FORM

Full Legal Name:

● _____

Primary Address:

● _____

Home Phone Number:

● _____

Mobile Phone Number:

● _____

Email 1:

● _____

Email 2:

● _____

Date of Birth:

● _____

Marital Status:

● _____

Signature

Print Name

****PLEASE RETURN ALONG WITH A COPY OF A VALID ID AND A RECENT UTILITY BILL****
