

^{F1}SCHEDULE 1

F1 Sch. 1 Form DQ01n substituted (1.10.2015) by [The Small Business, Enterprise and Employment Act 2015 \(Consequential Amendments\) \(Insolvency and Company Directors Disqualification\) Regulations 2015 \(S.I. 2015/1651\)](#), regs. 1(2), 5(3), **Sch. 2 Pt. 1**

Commencement Information

I1 Sch. 1 in operation at 18.6.2010, see [reg. 1](#)

Changes to legislation: There are currently no known outstanding effects for the The Companies (Disqualification Orders) Regulations (Northern Ireland) 2010, SCHEDULE 1. (See end of Document for details)

In accordance with the Companies (Disqualification Orders) Regulations 2009 (as amended by the Small Business, Enterprise and Employment Act 2015 (Insolvency and Disqualification of Unfit Directors) (Consequential Amendments) Regulations 2015).

DQ01n

Disqualification order against an individual in Northern Ireland



What this form is for
You may use this form to give notice of a disqualification order against an individual in Northern Ireland.

What this form is NOT for
You cannot use this form to file a disqualification order against a corporate body in Northern Ireland. To do this, please use form DQ02n 'Disqualification order against a corporate body in Northern Ireland'.

1 Disqualification Order (Northern Ireland) 2002

Please tick the Article of the Company Directors Disqualification (Northern Ireland) Order (CDDNIO) 2002 under which the order was made:

<input type="checkbox"/> A5	<input type="checkbox"/> A6	<input type="checkbox"/> A7	<input type="checkbox"/> A8
<input type="checkbox"/> A8A	<input type="checkbox"/> A9	<input type="checkbox"/> A11	<input type="checkbox"/> A11B
<input type="checkbox"/> A11D	<input type="checkbox"/> A13A	<input type="checkbox"/> A14	

→ Filling in this form
Please complete in typescript or in bold black capitals.
All fields are mandatory unless specified or indicated by *

2 Individual's details

Please give the name of the individual against whom the order was made.

Title * _____

Forename(s) _____

Surname _____

Date of birth _____

Nationality _____

3 Individual's address

Building name/number _____

Street _____

Post town _____

County/Region _____

Postcode _____

Country _____

ⓘ Address
Please show the last known address of the disqualified director (e.g. as shown on documents submitted to the court).

Changes to legislation: There are currently no known outstanding effects for the The Companies (Disqualification Orders) Regulations (Northern Ireland) 2010, SCHEDULE 1. (See end of Document for details)

4		Disqualification details	
Date of order ❶	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	❶	Date of order Please enter the date on which the order was made.
Period of disqualification ❷	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	❷	Period of disqualification Please enter the period of disqualification specified in the order.
Disqualification start date ❸	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	❸	Disqualification start date Unless the court indicates otherwise, this will be 21 days from the date of the order.
Company/LLP name ❹	<input type="text" value=""/>	❹	Company/LLP name Please give the name(s) of the company(ies)/LLP(s) in respect of the conduct leading to disqualification.
Case number	<input type="text" value=""/>		
5		Signature	
Signature	<input type="text" value=""/>		
Name/Position	<input type="text" value=""/>		
Court	<input type="text" value=""/>		

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Presenter information

You do not have to give any contact information, but providing your contact details will assist Companies House if a query arises on the form.

Court Officer Contact

Court Name

Address

Post town

County/Region

Postcode

Country

DX

Telephone

Where to send

When completed and signed, please send to:

Secretary of State, C/O The Subpoena Clerk,
The Registrar of Companies, Companies House,
Crown Way, Cardiff, Wales, CF14 3UZ.
DX 33050 Cardiff.

Also send a copy to the Department of Enterprise,
Trade and Investment, Insolvency Service,
Fermanagh House, Ormeau Avenue, Belfast,
BT2 8NJ.

Checklist

We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the following:

- You have indicated which Article of the CDDNIO applies in section 1.
- You have provided details of the individual as required by sections 2 and 3.
- You have completed the required information in section 4.
- You have signed the form.

Changes to legislation:

There are currently no known outstanding effects for the The Companies (Disqualification Orders) Regulations (Northern Ireland) 2010, SCHEDULE 1.