

SCHEDULE

Rule 2(2)

FORMS

D1: FULL REPORT

REPORT UNDER SECTION 7(3) OF THE COMPANY DIRECTORS DISQUALIFICATION ACT 1986.

PLEASE REFER TO THE GUIDANCE NOTES ISSUED BY THE INSOLVENCY SERVICE

NAME OF COMPANY:

PLEASE PROVIDE THE FOLLOWING INFORMATION:

SECTION 1: OFFICE-HOLDER

1. NAME OF THE OFFICE-HOLDER(S):	
2. NAME OF THE FIRM AND ADDRESS OF THE OFFICE-HOLDER(S):	
3. ARE YOU REPORTING AS:	
LIQUIDATOR IN A VOLUNTARY LIQUIDATION (Please give date of resolution for voluntary winding up.)	<input type="checkbox"/>
ADMINISTRATIVE RECEIVER	<input type="checkbox"/>
ADMINISTRATOR? (Tick as appropriate.)	<input type="checkbox"/>
4. DATE OF APPOINTMENT:	
5. NAME OF THE MEMBER OF YOUR STAFF WITH DAY TO DAY RESPONSIBILITY FOR THE CASE:	
TEL NO:	FAX NO:
POSITION:	

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D1 SECTION 2: COMPANY

6. NAME OF THE COMPANY: (Please include details of all registered names and trading styles of the company used in the last two years.)

7. COMPANY REGISTERED NUMBER:

8. CURRENT REGISTERED OFFICE ADDRESS:

9. ANY OTHER REGISTERED OFFICE IN THE SIX MONTHS PRIOR TO:—
YOUR APPOINTMENT AS ADMINISTRATIVE RECEIVER, THE DATE OF THE
ADMINISTRATION ORDER, OR THE DATE OF THE RESOLUTION(S) FOR VOLUNTARY
WINDING UP:

10. PRINCIPAL TRADING ADDRESS(ES):

11. NATURE OF THE COMPANY'S BUSINESS:

12. WHEN DID THE COMPANY COMMENCE TO TRADE?
(Please state month and year if commencement was within the last five years, or year only if before that.)

13. DETAILS OF ANY OTHER ADMINISTRATIVE RECEIVERSHIP, VOLUNTARY
LIQUIDATION OR ADMINISTRATION IN RELATION TO THE COMPANY:
(Stating type, name of office-holder(s), date of appointment and (if appropriate) date of
resolution(s) for voluntary winding up.)

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D1 SECTION 4: CONNECTED COMPANIES

15. PLEASE GIVE DETAILS OF ANY OTHER COMPANY WITH WHICH THE DIRECTOR(S), IN RESPECT OF WHOM YOU HAVE ANSWERED YES AT QUESTION 14(f), MAY HAVE HAD AN INVOLVEMENT WHICH YOU CONSIDER MAY BE RELEVANT TO THE CONSIDERATION OF HIS OR THEIR CONDUCT:

COMPANY NAME	COMPANY REGISTERED NUMBER	INFORMATION WHICH MAY BE RELEVANT

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DI SECTION 5: UNFIT CONDUCT

16a. PLEASE GIVE DETAILS (ATTACHING ADDITIONAL PAGES IF NECESSARY) OF THE CONDUCT OF THE DIRECTOR(S) WHICH MAKES IT APPEAR TO YOU THAT THE CONDITIONS OF SECTION 6(1) OF THE COMPANY DIRECTORS DISQUALIFICATION ACT 1986 ARE SATISFIED. PARTICULAR REGARD SHOULD BE PAID TO THOSE MATTERS CONTAINED IN SCHEDULE 1 TO THAT ACT. PLEASE ALSO REFER TO THE GUIDANCE NOTES ISSUED BY THE INSOLVENCY SERVICE.

PLEASE USE THE FORMAT BELOW TO PROVIDE DETAILS OF THE CONDUCT OF EACH DIRECTOR WHICH MAKES IT APPEAR TO YOU THAT THE DIRECTOR IS UNFIT AS DESCRIBED IN PARAGRAPH 14(A) ABOVE. ALTERNATIVELY, IF YOU HAVE ALREADY PREPARED A REPORT WHICH DETAILS THIS, ATTACH A COPY AND SUMMARISE YOUR FINDINGS BELOW.

DETAILS OF UNFIT CONDUCT	NAME OF DIRECTOR(S) AND NATURE OF SUPPORTING EVIDENCE

b. ARE THERE ANY OTHER RELEVANT MATTERS? (e.g. Ill health, personal guarantees, individual voluntary arrangement, bankruptcy, etc.)

YES NO

If yes, please give brief details.

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D1 SECTION 6: STATEMENT OF AFFAIRS, ACCOUNTS AND REPORT TO CREDITORS

STATEMENT OF AFFAIRS

17. PLEASE ATTACH A COPY OF THE STATEMENT OF AFFAIRS TO THIS FORM.

If a copy is not attached, please state why not and attach details of the known assets and liabilities of the company.

18. IF THERE IS A MATERIAL DIFFERENCE BETWEEN THE STATEMENT OF AFFAIRS AND THE EXPECTED FINAL POSITION, PLEASE PROVIDE DETAILS OF THE AMOUNT AND THE REASON FOR ANY DISCREPANCY:

ACCOUNTS

19. PLEASE ATTACH TO THIS FORM A COPY OF THE LAST TWO SETS OF THE AUDITED ACCOUNTS OF THE COMPANY AND ANY DRAFT OR MANAGEMENT ACCOUNTS PREPARED AFTER THEN.

If none are attached, please state why not:
(e.g. None prepared, none in your possession, etc.)

REPORT TO CREDITORS

20. PLEASE ATTACH A COPY OF THE REPORT TO CREDITORS TO THIS FORM.

If you are not able to provide a copy of the report to creditors, please attach a report detailing the company's history.

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D1 SECTION 7: OTHER PROCEEDINGS

21. PLEASE PROVIDE DETAILS OF ANY ACTION COMMENCED, OR LIKELY TO BE COMMENCED, BY YOU AGAINST OFFICERS OF THE COMPANY: (e.g. for recovery of assets, wrongful trading or to enforce co-operation.)

22. ARE THERE ANY OTHER CIVIL OR CRIMINAL PROCEEDINGS IN RELATION TO THE COMPANY TAKEN OR LIKELY TO BE TAKEN AGAINST ANY DIRECTOR? (e.g. By the Police, Inland Revenue, Customs and Excise, Department of Trade and Industry, etc.)

YES NO

If yes, please provide details of those proceedings and, where relevant, the name and telephone number of the officer/official dealing with the case.

THE DETAILS GIVEN IN THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

PLEASE SIGN THE FORM:

DATE:

PLEASE ENSURE THAT COPIES OF THE FOLLOWING ARE ATTACHED:

- a) Statement of affairs (or details of assets and liabilities);
- b) Last two sets of audited accounts and draft or management accounts subsequently prepared, if any;
- c) Report to creditors (or report detailing the company's history); and
- d) Questionnaire(s), if any, completed by director(s).

NOW SEND THE COMPLETED FORM TOGETHER WITH ENCLOSURES TO:

THE INSOLVENCY SERVICE
INSOLVENCY PRACTITIONERS COMPLIANCE UNIT
LADYWOOD HOUSE
45-46 STEPHENSON STREET
BIRMINGHAM B2 4UZ

OR

DX 713897 BIRMINGHAM 37

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D2: INTERIM RETURN	<input type="checkbox"/>
FINAL RETURN (Tick as appropriate.)	<input type="checkbox"/>

RETURN BY OFFICE-HOLDER UNDER RULE 4 OF THE INSOLVENT COMPANIES (REPORTS ON CONDUCT OF DIRECTORS) RULES 1996.

PLEASE REFER TO THE GUIDANCE NOTES ISSUED BY THE INSOLVENCY SERVICE

NAME OF COMPANY:

PLEASE PROVIDE THE FOLLOWING INFORMATION:

SECTION 1: OFFICE-HOLDER

1. NAME OF THE OFFICE-HOLDER(S):	
2. NAME OF THE FIRM AND ADDRESS OF THE OFFICE-HOLDER(S):	
3. ARE YOU REPORTING AS:	
LIQUIDATOR IN A VOLUNTARY LIQUIDATION	<input type="checkbox"/>
ADMINISTRATIVE RECEIVER	<input type="checkbox"/>
ADMINISTRATOR? (Tick as appropriate.)	<input type="checkbox"/>
4. DATE OF APPOINTMENT:	
5. NAME OF THE MEMBER OF YOUR STAFF WITH DAY TO DAY RESPONSIBILITY FOR THE CASE:	
TEL NO:	FAX NO:
POSITION:	

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D2 SECTION 2: COMPANY

6. NAME OF THE COMPANY: (Please include details of all registered names and trading styles of the company used in the last two years.)

7. COMPANY REGISTERED NUMBER:

8. CURRENT REGISTERED OFFICE ADDRESS:

9. PRINCIPAL TRADING ADDRESS(ES):

10. NATURE OF THE COMPANY'S BUSINESS:

11. WHEN DID THE COMPANY COMMENCE TO TRADE?
(Please state month and year if commencement was within the last five years, or year only if before that.)

12. DETAILS OF ANY OTHER ADMINISTRATIVE RECEIVERSHIP, VOLUNTARY LIQUIDATION OR ADMINISTRATION IN RELATION TO THE COMPANY:
(Stating type, name of office-holder(s) and date of appointment.)

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D2 SECTION 4: INTERIM/FINAL RETURN

14. AS APPROPRIATE, PLEASE EITHER:

COMPLETE **a** AND DELETE **b** (IF YOU ARE SUBMITTING AN INTERIM RETURN)

OR

DELETE **a** (IF YOU ARE SUBMITTING A FINAL RETURN)

- a.** No report or final return has yet been submitted because: (Please state reasons e.g. "the company's affairs are still being examined" or "sufficient information is not yet to hand".)

A report or final return is expected to be submitted by:

.....
(month) (year)

- b.** At the date of this return, I have not become aware of any matters which would require me to make a report under section 7(3) of the Company Directors Disqualification Act 1986.

THE DETAILS GIVEN IN THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

PLEASE SIGN THE FORM:

DATE:

NOW SEND THE COMPLETED FORM TO:

THE INSOLVENCY SERVICE
INSOLVENCY PRACTITIONERS COMPLIANCE UNIT
LADYWOOD HOUSE
45-46 STEPHENSON STREET
BIRMINGHAM B2 4UZ

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DX 713897 BIRMINGHAM 37