

FORM 3

Annual returns for Insolvency Practitioners

regulation 15(2)

THE INSOLVENCY ACT, 2011

To:

Official Receiver
Uganda Registration Service Bureau.

Annual returns of(*insert the name of the Insolvency practitioner*) for the periodto....., 20

1. Address
(*full physical and postal address of the Insolvency Practitioners*)
2. Full names, date of appointment, the type of the proceedings, status of the matter that the insolvency practitioner has acted for.

<i>Full names</i>	<i>Date of appointment</i>	<i>Type of proceedings</i>	<i>Status of the case</i>

3. The list of complaints made against the insolvency practitioner

<i>Full names of the complainant</i>	<i>The nature of the complaint</i>	<i>Status of the complaint</i>

4. Whether the insolvency practitioner has any impediment disqualifying him or her to act as an insolvency practitioner under section 204 (2) of the Act or the Regulations made under the Act.

Yes No.....

5. If yes, give particulars

.....

Date atthis day of20.....

.....
Name and Signature of the Insolvency Practitioner