

**FORM 3**

*Annual returns for Insolvency Practitioners*

**Regulation 15(2)**

**THE INSOLVENCY ACT, CAP 108**

To:

Official Receiver  
Uganda Registration Services Bureau

Annual returns of..... (Insert the name of the Insolvency Practitioner) for the period .....to.....

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

Full names of company/person	Date of appointment	Type of proceedings	Status of the case

3. The list of complaints made against the insolvency practitioner

Full names of the complainant	The nature of the complaint	Status of the complaint

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 at ..... this..... day of ..... 20.....

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