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SCHEDULE

Rules 4(2) and 5(3)

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Rules 4(2) and 5(3)

D1: Full Report

REPORT UNDER ARTICLE 10(4) OF THE COMPANY DIRECTORS DISQUALIFICATION (NORTHERN IRELAND) ORDER 2002

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. I am reporting as (Tick as appropriate):	
Liquidator in a voluntary liquidation	<input type="checkbox"/>
Administrative Receiver	<input type="checkbox"/>
Administrator	<input type="checkbox"/>
4. Date of Appointment:	_____
5. Relevant Date: (see Rule 5(4) of the Insolvent Companies (Reports on Conduct of Directors) Rules (NI) 2003)	_____

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D1 Section 2: Company

6. Name of the Company: (Please include details of all registered and trading names which the company has 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 for voluntary winding up:	_____

10. Principal Trading Address(es):	_____

11. Nature of the Company's Business:	_____

12. Date of Incorporation:	_____
13. Period of Trading: (give month and year)	FROM: _____ TO: _____
14. 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 3: Company Directors

15. The persons listed below were to the best of my knowledge and belief all the persons who were directors or shadow directors of the company during the three years prior to the insolvency.

Full name (including other known names) and current or last known address	Date of Birth	Tick if Shadow Director	Occupation, Trade or Profession	Director's Duties in the Company	Period as Director		*See note below
					From	To	

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* Please indicate, by a tick in column 8, whether you think that the persons listed are unfit to be concerned in the management of a company. Please ensure that you complete question 16 for each director/shadow director indicated as being unfit.

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D1 Section 4: Unfit Conduct

Please complete a separate table for each director upon whom you are reporting

16. Using the Table below, please list those matters of unfitness which, in your opinion, make the Director/Shadow Director unfit to be concerned in the management of a company. Alternatively, if you have already prepared a short report which details this, attach a copy and summarise your findings below.

NOTE: Before completing the table you should read Article 9(1) and Schedule 1 of the Company Directors Disqualification (Northern Ireland) Order 2002 and the Insolvency Service's Guidance Notes (GN 8).

Name of Director _____

Details of Unfit Conduct	Nature of Supporting Evidence

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D1 Section 5: Connected Companies

16(a) Other Companies of which any Director is or was also a Director/ Shadow Director during the 3 years before the date of the Insolvency.

Name of Company	Registered No.	Jurisdiction in which registered*	Name of Director

16(b) Other connected Companies with which the company has had any dealings (if none known, write "None Known").

Name of Company	Registered No.	Jurisdiction in which registered*

16(c) Other Companies not listed at Q16(a) or (b) above with which the Director may have had an association which you think may be relevant to the consideration of his/her conduct.

Name of Company	Registered No.	Jurisdiction in which registered*	Name of Director	Nature of the association

*ie Northern Ireland or England & Wales or Scotland

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D1 Section 6: Statement of Affairs, Accounts and Report to Creditors

Statement of Affairs

17. Please enclose a copy of the Statement of Affairs.

If a copy is not enclosed, 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 enclose a copy of the last 3 sets of the Company's full Financial Accounts and any subsequent draft or management accounts.

If none are enclosed, please state why not:
(eg None prepared, none in your possession, etc.)

Reports to Creditors

20. Please enclose a copy of the Report to Creditors.

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

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D1 Section 7: Other Proceedings and Other Matters

21. Give brief details of any civil or criminal proceedings in relation to the Company taken or likely to be taken against any director.

22. 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.

The details given in this form are correct to the best of my knowledge, information and belief.

Signature: _____

Date: _____

Please ensure that copies of the following are attached:

- (a) Statement of affairs (or details of assets and liabilities);
- (b) Last 3 sets of full financial 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).

On completion please return to:

**The Insolvency Service
Directors Disqualification Unit
Fermanagh House
Ormeau Avenue
BELFAST
BT2 8NJ**

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D2 Interim Return	<input type="checkbox"/>
Final Return	<input type="checkbox"/>
Tick as appropriate	

RETURN BY OFFICE-HOLDER UNDER RULE 5 OF THE INSOLVENT COMPANIES
(REPORTS ON CONDUCT OF DIRECTORS) RULES (NORTHERN IRELAND) 2003

Please refer to the guidance notes issued by the Insolvency Service

Name of company:

Please provide the following information:

D2 Section 1: Office-Holder

1. Name of the Office-Holder(s):	_____

2. Name of the Firm and Address of the Office-Holder(s):	_____

3. I am reporting as (Tick as appropriate):	
Liquidator in a voluntary liquidation	<input type="checkbox"/>
Administrative Receiver	<input type="checkbox"/>
Administrator	<input type="checkbox"/>
4. Date of Appointment:	_____
5. Relevant Date: (see Rule 5(4) of the Insolvent Companies (Reports on Conduct of Directors) Rules (NI) 2003)	_____

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D2 Section 2: Company

6. Name of the Company: (Please include details of all registered and trading names which the company has 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. Date of Incorporation:	_____ _____ _____
12. Period of Trading: (give month and year)	FROM: _____ TO: _____
13. 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):	_____ _____ _____ _____
14. Names of any other connected Companies with which the Company had any dealings (include registered number and jurisdiction in which registered, if known) (if you are not aware of any other connected companies, write " None Known "):	_____ _____ _____ _____

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D2 Section 3: Company Directors

15. The persons listed below were to the best of my knowledge and belief all the persons who were directors or shadow directors of the company during the three years prior to the insolvency.

Full name (including other known names) and current or last known address	Date of Birth	Tick if Shadow Director	Occupation, Trade or Profession	Director's Duties in the Company	Period as Director	
					From	To

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D2 Section 4: Interim/Final Return

16. If you are submitting an **interim return**, complete (a) and delete (b)

OR

If you are submitting a **final return**, delete (a).

(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 Article 10(4) of the Company Directors Disqualification (Northern Ireland) Order 2002.

Note: please ensure that you have deleted either (a) or (b)

The details given in this Form are correct to the best of my knowledge, information and belief.

Signature: _____

Date: _____

On completion please return to:

**The Insolvency Service
Directors Disqualification Unit
Fermanagh House
Ormeau Avenue
BELFAST
BT2 8NJ**