

SCHEDULE

Forms

FORM 3

Application for review by the Accountant in Bankruptcy: general

Internal Only:

Case Ref:

Date Received:

Application for Review by the Accountant in Bankruptcy
Bankruptcy (Scotland) Act 2016

By submitting this application, you are acknowledging that this document will be shared with all parties involved in the review process.

Bankruptcy reference:

Name of debtor:

Address of debtor:

Name of applicant
requesting review:

Address of applicant:
(This address will be used for correspondence unless otherwise stated)

Association with bankruptcy:
(e.g debtor, creditor, trustee, other)

Section of the Act you are applying for a review under:

Decision to be reviewed:
(Please specify the decision you wish to be reviewed and where possible submit a copy of the decision)

Status: This is the original version (as it was originally made).

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<p>Evidence in support of the application: (Please use this section to state the reason you are seeking a review providing as much information as possible)</p>

If required please continue on a separate sheet

Signed:

Date:

Internal Only: Case Ref: Date Received:
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Official Use Only:
