

D2 Interim Return
Final Return
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)	_____

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"):

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

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**