The Insolvency Act 2003

REPORT ON DIRECTORS' CONDUCT

Section 271

A report provided under Section 271 of the Insolvency Act, 2003, is confidential. The office-holder submitting such a report should not disclose the contents to any person other than the Official Receiver.

Form 271

				Company Number
		To:	The Official Receiver P.O. Box 418 Road Town, Tortola British Virgin Islands	
(1)	(Please include details of all registered names and trading styles of the company used in the last two years.)	(1)		
(2)		(2)		
(3)	Current (or last) registered agent (if applicable)	(3)		
(4)	Name of office-holder	(4)		
(5)	Licence Number	(5)		
	Name of the firm and contact information of the office-holder	(6)		

(7)	Type of insolvency proceedings (Administrative Receivership, Administration, Liquidation). Please provide a copy of the appointment document.	(7)
		(8)
(8)	Date of appointment	
	Name of the member of staff with day-to-day	(9)
(9)		
	responsibility for this matter	
		(40)
(10)	Principal trading address	(10)
		(11)
(11)	Nature of the company's business	
		(12)
	When did the company commence its trading operations? (Please state the month and	
	year)	(13)
(13)	Details of any other insolvency office-holder in relation to the company (Stating type of appointment, name(s) of office-holder(s), date of appointment)	

14. Please complete a box for;

- a. Any person who appears to you to be, or have been, a director (as defined in Section 6 of the Insolvency Act, 2003), voluntary liquidator or receiver of the company whose conduct, either taken alone or taken together with his conduct as a director, voluntary liquidator or receiver of any other company, makes him unfit to be concerned in the promotion, formation or management of companies or in their liquidation or dissolution. Details of the conduct leading you to this view should be set out in the answer to question 16; and
- b. Any other person who appears to you to have been a director of the company on the date you were appointed, or at any time in the three years before that date.

ADDITIONAL BOXES MAY BE COPIED AND COMPLETED AS REQUIRED

1	Α.	FULL NAME (Include other known names. If director is a company, state company name, registration
		number and country of incorporation):
ı	В.	DATE OF BIRTH:
	С	CURRENT OR LAST KNOWN ADDRESS:
,	О.	CONNENT ON EAST KNOWN ADDICESS.
	ח	COUNTRY OF RESIDENCE:
·	υ.	COUNTRY OF RESIDENCE.
l	E.	OCCUPATION, TRADE OR PROFESSION:
I	F.	BRIEFLY, WHAT WERE THE DIRECTOR'S DUTIES IN THE COMPANY?:
(G.	IS THIS A PERSON WHOSE CONDUCT MAKES IT APPEAR TO YOU THAT HE IS UNFIT (as
		described in 14a above)?: Yes □ No □ If yes, please provide details in question 16.
	Н.	PERIOD AS DIRECTOR: FROM: TO:

A.	FULL NAME (Include other known names. If director is a company, state company name, registration		
	number and country of incorporation):		
В.	DATE OF BIRTH:		
C.	CURRENT OR LAST KNOWN ADDRESS:		
D.	COUNTRY OF RESIDENCE:		
E.	OCCUPATION, TRADE OR PROFESSION:		
F.	BRIEFLY, WHAT WERE THE DIRECTOR'S DUTIES IN THE COMPANY?:		
G.	IS THIS A PERSON WHOSE CONDUCT MAKES IT APPEAR TO YOU THAT HE IS UNFIT (as		
	described in 14a above)?: Yes □ No □ If yes, please provide details in question 16.		
ш	PERIOD AS DIRECTOR: FROM: TO:		
11.	FERIOD AS DIRECTOR. FROM:		
A.	FULL NAME (Include other known names. If director is a company, state company name, registration		
	number and country of incorporation):		
B.	DATE OF BIRTH:		
C.	CURRENT OR LAST KNOWN ADDRESS:		
D.	COUNTRY OF RESIDENCE:		
E.	OCCUPATION, TRADE OR PROFESSION:		
F.	BRIEFLY, WHAT WERE THE DIRECTOR'S DUTIES IN THE COMPANY?:		
G.	IS THIS A PERSON WHOSE CONDUCT MAKES IT APPEAR TO YOU THAT HE IS UNFIT (as		
	described in 14a above)?: Yes □ No □ If yes, please provide details in question 16.		
ы	PERIOD AS DIRECTOR: FROM: TO:		

A.	FULL NAME (Include other known names. If director is a company, state company name, registration		
	number and country of incorporation):		
В.	DATE OF BIRTH:		
C.	CURRENT OR LAST KNOWN ADDRESS:		
D.	COUNTRY OF RESIDENCE:		
E.	OCCUPATION, TRADE OR PROFESSION:		
F.	BRIEFLY, WHAT WERE THE DIRECTOR'S DUTIES IN THE COMPANY?:		
0			
G.	IS THIS A PERSON WHOSE CONDUCT MAKES IT APPEAR TO YOU THAT HE IS UNFIT (as described in 14a above)?: Yes □ No □		
	If yes, please provide details in question 16.		
Н.	PERIOD AS DIRECTOR: FROM: TO:		
A.	FULL NAME (Include other known names. If director is a company, state company name, registration		
	number and country of incorporation):		
	DATE OF BIRTH:		
C.	CURRENT OR LAST KNOWN ADDRESS:		
6	COUNTRY OF RECIDENCE.		
⊏.	OCCUPATION, TRADE OR PROFESSION:		
F	RRIEELY WHAT WERE THE DIRECTOR'S DUTIES IN THE COMPANY?		
١.	BINEFET, WHAT WERE THE BIRECTOR'S BOTTLES IN THE COMPANY?.		
G.	IS THIS A PERSON WHOSE CONDUCT MAKES IT APPEAR TO YOU THAT HE IS UNFIT (as		
	described in 14a above)?: Yes □ No □		
	If yes, please provide details in question 16.		
D. E. F.			

15. Please provide details of any other company with which the director(s) in respect of whom you have answered "yes" at question 14(G) may have had an involvement, which you consider may be relevant to the consideration of his (their) conduct, together with any previous insolvencies of which you are aware:

Name of director	Company name, registration number & country of incorporation	Relevant information

16. Please provide details of unfit conduct. Particular regard should be given to the matters referred to in Sections 262(1) and 263 of the Insolvency Act, 2003.

Name(s) of director(s)

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Details of unfit conduct and nature of supporting evidence	Name(s) of director(s)

personal guarantees, individual voluntary arrangement, bankruptcy, etc.)			
Please attach the following docume	ents to your report.		
□ Appointment document	☐ Audited accounts, unaudite		
☐ Directors' Statement of affairs	accounts or management accounts covering the two years		
☐ Directors' Statement of affairs	period prior to insolvency		
□ Reports to creditors	 Any other document you consider to be of assistance 		
☐ Memorandum and Articles of Association	consider to be of assistance		
DECLARATION			
	questions (including any additional information ny knowledge and belief true and complete.		
Name of office-holder	Signature		
	Date		
Please send the completed form to;			
The Official Receiver			
P.O. Box 418 Road Town, Tortola			
British Virgin Islands			