



## APPLICATION FOR VOLUNTARY REVOCATION OF A LICENCE TO ACT AS AN INSOLVENCY PRACTITIONER

### Name of Applicant

Last Name:

First Name:

Date:

(DD/MM/YYYY)

Firm:

Licence Number:

Licence Issue Date:

(DD/MM/YYYY)

Intended date of revocation of Licence:

(DD/MM/YYYY)

Last Day at Firm/Organization:

Last Day in Territory (if applicable):

Reason for the application for voluntary revocation of a licence to act as an Insolvency Practitioner:

Contact information for the next 6 months (list multiple as necessary & indicate respective time frames):

Phone:

E-mail:

Address

Line 1:

Line 2:

City:

Country:

Zip Code:

Period contact information valid:

**Indicate status of all insolvency appointments/cases** (include relevant details such as significant dates, to whom transferred, etc.), **also include stage of case** (e.g., distribution, investigation, etc.). A separate page may be used if necessary.

**Please provide copies of all relevant forms** (i.e., Notices of Vacation of Office/Notice of Release of Liquidator, etc.).

CASE NAME (Company/Person)	CASE TYPE (Liquidation, Receivership, etc.)	COURT OR MEMBER APPOINTED & DATE	CASE STATUS (Closed, transferred, etc. & state date)	JOINT APPOINTMENT (Y/N) List appointee(s)	STAGE OF CASE (e.g. distribution, investigation, etc.)

If any new appointments were opened in the current year, please complete the following:

MAIN CENTRE OF OPERATIONS	NUMBER OF CASES OPENED	CASE NAME(S), APPOINTMENT TYPE(S) & DATE(S)
BVI		
CARIBBEAN (EXCLUDING BVI)		
EUROPEAN UNION COUNTRIES		
NORTH AMERICA		
FAR EAST		
REST OF THE WORLD		
<b>TOTAL</b>		

**Address in the Virgin Islands where records for your appointments will be maintained in accordance to Insolvency Regulation 6.**

**Line 1:**

**Line 2:**

**City:**  **Country:**  **Zip Code:**

**List Compliance Inspections conducted by BVI Financial Services Commission within the past 3 years:**

**Any other pertinent and relevant information:**

\*Application should be submitted within **10 days** of becoming aware of the intention to apply to revoke a licence to act as an Insolvency Practitioner, in accordance with sections 8 (1), (2) & (3) of the Insolvency Regulations, 2004, Notification of Changes (once regulatory requirements have been met).

\*The Licence issued must be returned to British Virgin Islands Financial Services Commission along with this application.

I certify the information provided in this application are complete and true and there are no other relevant facts or matters of which the Commission should be aware.

**SIGNATURE:**

**DATE: (DD/MM/YYYY)**