

The Insolvency Act 2003

REPORT ON DIRECTORS' CONDUCT

Section 271

A report provided under Section 271 of the Insolvency Act, 2003, is confidential. The officeholder 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) *Name of Company
(Please include
details of all
registered names
and trading styles of
the company used in
the last two years.)*

(1)

(2) *Current registered
office address*

(2)

(3) *Current (or last)
registered agent (if
applicable)*

(3)

(4) *Name of office-holder*

(4)

(5) *Licence Number*

(5)

(6) *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) *Date of appointment*

(8)

(9) *Name of the member of staff with day-to-day responsibility for this matter*

(9)

(10) *Principal trading address*

(10)

(11) *Nature of the company's business*

(11)

(12) *When did the company commence its trading operations? (Please state the month and year)*

(12)

(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)*

(13)

- 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.
- H. 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):
- 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.
- H. 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):

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.

H. 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):

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.

H. PERIOD AS DIRECTOR: FROM: TO:

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.

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

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

17. Are there any other matters that may be taken into account? (for example, ill health, personal guarantees, individual voluntary arrangement, bankruptcy, etc.)

Please attach the following documents to your report.

- | | |
|---|---|
| <input type="checkbox"/> Appointment document | <input type="checkbox"/> Audited accounts, unaudited accounts or management accounts covering the two year period prior to insolvency |
| <input type="checkbox"/> Directors' Statement of affairs | |
| <input type="checkbox"/> Reports to creditors | <input type="checkbox"/> Any other document you consider to be of assistance |
| <input type="checkbox"/> Memorandum and Articles of Association | |

DECLARATION

I confirm that my answers to all the above questions (including any additional information attached to this report) are to the best of my 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