Form I

(Regulation 2)

(In typescript and completed in duplicate)



**THE PATENTS AND COMPANIES REGISTRATION AGENCY**

**The Corporate Insolvency Act**

**(Act No. 9 of 2017)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Corporate Insolvency (Forms and Fees) Regulations, 2019**

***(section 5, 21 and 92)***

*Available at* [*www.pacra.org.zm*](http://www.pacra.org.zm)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOTICE OF APPOINTMENT AS RECEIVER, LIQUIDATOR OR BUSINESS RESCUE ADMINISTRATOR** | | | | | | | | | |
| **PART A**  **COMPANY DETAILS** | | | | | | | | | |
|  | Company Number  *Indicate the 12 digit registration number* | |  | | | | | |  |
|  | Company Name  *Indicate the name as captured on the certificate of incorporation* | |  | | | | | |
|  | Phone Number *Include the international code (e.g. +260 for Zambia)* | *Mobile* |  | | | | | |  |
| *Landline* |  | | | | | |
|  | Email Address | |  | | | | | |  |
|  | Physical Address  *State the registered office of the Company* | *Plot/House/ Village* |  | | | | | |  |
| *Street* |  | | | | | |
| *Area* |  | | | | | |
| *Town* |  | | | | | |
| *Province* |  | | | | | |
| **PART B**  **APPOINTMENT DETAILS** | | | | | | | | | |
|  | Type of Appointment  *Select type of application by marking with “X”* | | Receiver | | | | |  | *Receiver includes “receiver and manager” and “judgment receiver”* |
| Liquidator | | | | |  |
| Business Rescue Administrator | | | | |  |
|  | Accreditation number | |  | | | | | |  |
|  | First Name(s) of insolvency practitioner(s) | |  | | | | | |  |
|  | Surname(s) of insolvency practitioner(s) | |  | | | | | |
|  | Date of appointment | |  | | | | | |  |
|  | Date of resolution  *Attach resolution where appointment is by a resolution* | |  | | | | | |  |
|  | Court Order Number  *Attach Court order where appointment is by a court order* | |  | | | | | |  |
|  | Any other Instrument of Appointment  *Where appointment is not by Court Order, state the instrument of appointment, if any.* | |  | | | | | |  |
|  | Whether appointment relates to all or part of company property  *Select by marking with “X”* | |  | | | | | |  |
| All |  | Part |  |  | |
|  | | | | | |
|  | Type of Property to which appointment relates  *Select type of property by marking with “X”* | | Land | | | | |  |  |
| Buildings | | | | |  |
| Movable Property | | | | |  |
| Other (*Specify*) | | | | |  |
|  | Brief particulars of property charged  *Indicate title deed number where applicable* | |  | | | | | |  |
|  | First Name:  Surname:  Capacity:  Signature: Date: | | | | | | | | *To be signed by Insolvency Practitioner(s)* |