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)

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| **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)* |