Form II

(Regulation 3)

(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 and 20)***

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NOTICE OF CESSATION AS RECEIVER** | | | | | | |
| **PART A**  **COMPANY AND NOTICE 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**  **DETAILS OF THE PERSON CEASING TO ACT AS RECEIVER** | | | | | | |
|  | Accreditation Number | | | |  | *Indicate the number allocated when accredited as insolvency practitioner* |
|  | First Name | | | |  |  |
|  | Surname | | | |  |
| **PART C**  **CESSATION DETAILS** | | | | | | |
|  | Date of cessation | | | |  |  |
|  | Reason for cessation  *(Optional)* | | | |  |  |
|  | Order of the Court  *Indicate court order number where cessation is by Court Order, the order should be attached to the application* | | | |  |  |
| **PART D**  **DECLARATION** | | | | | | |
|  | I, the undersigned, declare that the above information is correct and accurate.  First Name:  Surname:  Capacity:  Signature: Date: | | | | | |
| **PART E**  **PARTICULARS OF PERSON LODGING DOCUMENT** | | | | | | |
|  | First Name | | |  | |  |
|  | Surname | | |  | |
|  | Gender | | |  | |
|  | Date of Birth | | |  | |
|  | Nationality | | |  | |
|  | Identity Type  For Zambians: *NRC*  For non-Zambians: *NRC/Passport/ Driver’s License/Resident Permit* | | |  | |
|  | Identity Number | | |  | |
|  | Physical Address | *Plot/House/ Village* | |  | |  |
| *Street* | |  | |
| *Area* | |  | |
| *Town* | |  | |
| *Province* | |  | |
| *Country* | |  | |
|  | Phone Number *Include the international code (e.g. +260 for Zambia)* | *Mobile* | |  | |  |
| *Landline* | |  | |
|  | Email Address | | |  | |  |
|  | Signature: Date: | | | | | |
|  | | | | | | |