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)

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| **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 TypeFor 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: |
|  |