

**FORM 3**

*Annual returns for Insolvency Practitioners*

**Regulation 15(2)**

**THE INSOLVENCY ACT, 2011**

To:

Official Receiver  
Uganda Registration Services Bureau

Annual returns of..... (Insert the name of the Insolvency Practitioner) for the period .....to.....

1. Address.....  
(full physical and postal address of the Insolvency Practitioner)
2. Full names, date of appointment, the type of the proceedings, status of the matter that the insolvency practitioner has acted for

Full names	Date of appointment	Type of proceedings	Status of the case

