FORM 3

Annual returns for Insolvency Practitioners

Regulation 15(2)

THE INSOLVENCY ACT, 2011

To:

	Official Receiver				
	Uganda Registrati	on Services Bureau			
Annua	l returns of			(Insert the nat	me
of the l	Insolvency Practition	oner) for the period	tc		
1.	Address				
	(full physical and	postal address of the	e Insolvency Practit	ioner)	
2.		of appointment, the t	ype of the proceedi	ngs, status of the matter that the	
	Full names	Date of appointment	Type of proceedings	Status of the case	

Full names of the complainant	The nature of the complaint	Status of the complain
	No	
Act. Yes If yes, give particulars	No	
Yes	No	
Yes	No	e Regulations made under t
Yes	No	
Yes If yes, give particulars	No	