

Schedule

[ss. 2(2) & 3(3)]

Form D1

Insolvent Company in *Liquidation/Receivership

Report on Conduct of Directors under Section 168I(3) of the
Companies (Winding Up and Miscellaneous Provisions)
Ordinance (Cap. 32)

* Delete as appropriate.

Company number	_____	Official Use
Name of company	_____	

Registered office address	_____	

Nature of business	_____	
Trading names	_____	

Principal place of business	_____	

Date of *liquidation/ appointment of receiver	_____	
Name of *liquidator/receiver	_____	
*Liquidator's/Receiver's address	_____ _____ _____	
Period covered by report	From: _____ To: _____	

1. I am the *liquidator/receiver of the company which is insolvent and it appears to me that the persons listed in the Schedule were either directors or shadow directors of the company and were the only

such directors of the company during the period covered by this report.

2. It further appears to me that the conduct of each of the persons in respect of whom I have marked “Y” in column 5 in the Schedule as a director of the company, either considered in relation to this company alone or taken together with his conduct as a director of any other company, makes him unfit to be concerned in the management of a company. Details of his conduct are provided in Annex B of this report.

SCHEDULE

1	2	3	4 Period as director		5 If you have attached supplementary details please mark "Y"
Full name and other known names	Last known address	Mark "X" if shadow director	From	To	

* Liquidator's/Receiver's signature _____

Date _____

Remember to attach Annex A and Annex B.

ANNEX A

FURTHER DETAILS OF THE COMPANY

NAME OF COMPANY

3.	Date of incorporation		
4.	Period of trading	From _____	To _____
5.	Estimated distribution(s) to creditors		
	• preferential:		
	• unsecured:		
6.	Summary of statement of affairs	\$	
	Gross assets:	_____	
	Gross liabilities to creditors:	_____	
	Estimated total deficiency as regards creditors:		
	Called-up capital:	=====	

7.	Approximate number and value of unsecured creditors distinguishing between	No.	\$
	Trade and expense:	_____	_____
	Depositor or consumer pre-paid:	_____	_____
	Connected companies:	_____	_____
	Other:	_____	_____

8. Details of other connected companies with which the company has had any dealings.

The above is correct to the best of my knowledge, information and belief.

* Liquidator's/Receiver's signature _____

Date _____

A separate Annex B is to be completed for each director to be reported upon.

ANNEX B

NAME OF COMPANY

FULLER DETAILS OF THE INDIVIDUAL DIRECTOR SUBJECT
TO THIS REPORT

-
9. Full name of director:
10. Date of birth:
11. Occupation, trade or profession:
12. Position(s) held within company:
-

13. Give details (on such additional pages as necessary) of the conduct of the director, which makes it appear to you that the conditions of section 168H(1) of the Ordinance are satisfied. You should have particular regard to the Fifteenth Schedule of the Ordinance.
14. List the remuneration and other benefits during each of the 3 years to the relevant date in relation to the company as defined in section 3(4) of this Regulation—

Period ended	Remuneration received	Remuneration voted	Cash expenses	Benefits in kind
	\$	\$	\$	\$
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. (a) Other companies of which the director is or was during the 3 years to the relevant date in relation to the company as defined in section 3(4) of this Regulation also a director or shadow director.

Name of company	Company No.	Are you also the liquidator or receiver of that company (Yes/No)	Mark "X" here if you are to submit a conduct report in respect of the company or enter date of report if already submitted

- (b) Give details of any other companies not listed at paragraph 8 or subparagraph (a) with which the director may have had an association which you feel may be relevant to the consideration of his conduct.

16. Give brief details of any civil or criminal proceedings in relation to the company taken or likely to be taken against the director.

17. Are there any other matter(s) which you consider the Official Receiver should take into consideration.

The details given in Annex B (comprising pages) are correct to the best of my knowledge, information and belief.

* Liquidator's/Receiver's signature _____

Date _____

(28 of 2012 ss. 912 & 920)

Form D2

Insolvent Company in *Liquidation/Receivership

Return of Directors under Section 3(3) of the Companies (Reports on
Conduct of Directors) Regulation (Cap. 32 sub. leg. J)

* Delete as appropriate.

Company number		Official Use
Name of company		
Registered office address		
Nature of business		
Trading names		
Principal place of business		
Date of *liquidation/ appointment of receiver		
Name of *liquidator/receiver		
*Liquidator's/Receiver's address		

Mark with an "X" the statement which applies.

1. (i) I have not submitted a report in this case because:
 - (a) ☐ the company has sufficient assets to pay its debts and other liabilities and the expenses of any winding-up
 - (b) ☐ as at the date of this return I have not become aware of any matters which would require me to make a report under section 168I(3) of the Ordinance
 - (c) ☐ sufficient information is not yet to hand (see below).

(ii) I have not submitted a report on all of the directors in this case because:

(d) ☐ as at the date of this return I have not become aware of any matters which would require me to make a report under section 168I(3) of the Ordinance on the remaining directors

(e) ☐ sufficient information is not yet to hand (see below).

If you have marked box (c) or (e)
please indicate the likely date
when the report, if any, will be
submitted:

Month

Year

2. The persons listed in the Schedule were to the best of my knowledge and belief all the persons who were directors or shadow directors of the company during the 3 years prior to the relevant date in relation to the company as defined in section 3(4) of the Companies (Reports on Conduct of Directors) Regulation (Cap. 32 sub. leg. J):

SCHEDULE

Full name and other known names	Last known address	Mark "X" if shadow director	Period as director	
			From	To

* Liquidator's/Receiver's signature _____

Date _____

(E.R. 1 of 2014)