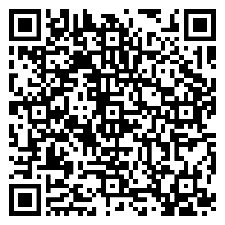
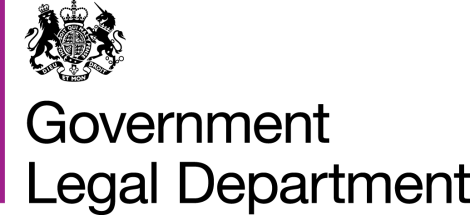
****

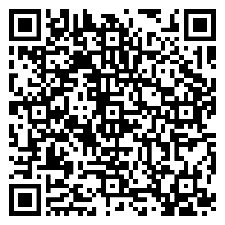
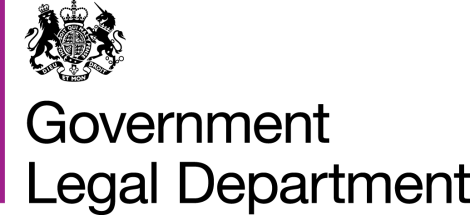
|  |
| --- |
| **DG 2** |

**DISCRETIONARY GRANT**

**APPLICATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * **ATTENTION**: **PLEASE READ THE DG2 GUIDELINES AVAILABLE ON *WWW.GOV.UK* OR BY SCANNING THE *QR-CODE* PRIOR TO COMPLETING THIS APPLICATION, USING BLACK OR BLUE INK ONLY.** | | | | | | | | | | | | | | | | | | |
| **A P P L I C A N T D E T A I L S** | | | | | | | | | | | | | | | | | | |
| 1. **Surname** |  | | | | | | | | | | | | | | | | | |
| 1. **First Name(s)** |  | | | | | | | | | | | | | | | | | |
| 1. **Residential Address**   ***(*N°, Street, Town, Post Code, Country)** |  | | | | | | | | | | | | | | | | | |
| 1. **Email Address** |  | | | | | | | | | | | | | | | | | |
| 1. **Telephone Number** |  | | | | | | | | | | | | | | | | | |
| **D I S S O L V E D C O M P A N Y / C H A R I T Y D E T A I L S** | | | | | | | | | | | | | | | | | | |
| 1. **Company or charity name** |  | | | | | | | | | | | | | | | | | |
| 1. **Company or charity registration number** |  | |  | |  | |  | |  | |  | |  | | |  | |  |
| 1. **Last registered office address**     ***(N°, Street, Town, Post Code, Country)*** |  | | | | | | | | | | | | | | | | | |
| 1. **Position held within company or charity**   **(*Tick as appropriate)*** | Former Shareholder  Former Liquidator  Former Administrator | | | | | | | | | | | | | Former Trustee (Charities only)  Former Voluntary Arrangement Supervisor  Other (please state):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **B A N K D E T A I L S O F D I S S O L V E D C O M P A N Y / C H A R I T Y** | | | | | | | | | | | | | | | | | | |
| 1. **Account Number** |  |  | |  | |  | |  | |  | |  | | |  | |  | |
| 1. **Sort Code** |  |  | |  | |  | |  | |  | |  | | |  | |  | |
| 1. **Name of Bank** |  | | | | | | | | | | | | | | | | | |
| 1. **Account balance at date of company dissolution**   **(*Please state and tick as appropriate)*** | **£**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**GBP)** | | | | | | | | | | | | | Balance confirmed by bank  Approximate or estimated balance. | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **P A Y M E N T D E T A I L S** | | | | | | | | | | |
| 1. I understand that the discretionary payment will be issued to the following nominated bank account by electronic transfer (BACS). | | | | | | | | | | |
| 1. **Account Name** |  | | | | | | | | | |
| 1. **Account Number** |  |  |  |  |  |  |  | |  |  |
| 1. **Sort Code (if applicable)** |  |  |  |  |  |  |  | |  |  |
| 1. **IBAN**   **(if applicable)** |  | | | | | | | | | |
| 1. **SWIFTBIC**   **(if applicable)** |  | | | | | | | | | |
| 1. **Name of Bank** |  | | | | | | | | | |
| 1. **I UNDERSTAND AND ACCEPT THAT AN ADMINISTRATIVE FEE OF £300 WILL BE DEDUCTED FROM ALL DISCRETIONARY GRANT PAYMENTS AND WHERE THE GRANT REMAINS IN EXCESS OF £750, A RESERVATION FEE OF 5% WILL BE APPLIED TO THE REMAINDER OF THE GRANT.** **THE MAXIMUM LIMIT FOR A DISCRETIONARY GRANT IS SET AT £3000, WITH ANY SURPLUS FUNDS BEING VESTED IN THE CROWN.**   **I accept the general terms and conditions of the discretionary payment process**. | | | | | | | | | | |
| **D E C L A R A T I O N** | | | | | | | | | | |
| **I declare that the information provided in this application for a Discretionary Payment is accurate and valid to the best of my knowledge.** | | | | | | | | | | |
| 1. **Signature** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | 1. **Date of signature (DD/MM/YYYY)**   **\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** | | |

****

|  |
| --- |
| **DG 2** |

**DISCRETIONARY GRANT**

**UNDERTAKING**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * **ATTENTION**: **SECTIONS A, C, AND D MUST BE COMPLETED.** * **EACH SHAREHOLDER IS REQUIRED TO COMPLETE A SEPARATE COPY OF THIS UNDERTAKING DOCUMENT.** | | | | | | | | | | | | | | | | | | | |
| **S E C T I O N A** | | | | | | | | | | | | | | | | | | | |
| 1. **Surname** |  | | | | | | | | | | | | | | | | | | |
| 1. **First Name(s)** |  | | | | | | | | | | | | | | | | | | |
| 1. **Position held within company or charity**   **(*Tick as appropriate)*** | Former Shareholder  Former Liquidator  Former Administrator | | | | | | | | | | | | | Former Trustee (Charities only)  Former Voluntary Arrangement Supervisor  Other (please state):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_* | | | | | |
| 1. **Company, charity or CIC name** |  | | | | | | | | | | | | | | | | | | |
| 1. **Company, charity or CIC registration n◦** |  | |  | |  | |  | |  | |  | |  | | |  | |  | |
| 1. I was a shareholder of the company/charity at the date of dissolution. | | | | | | | | | | | | | | | | | | | **Yes**  **No**  **Not Applicable** |
| 1. I was the administrator of the company at the date of dissolution. | | | | | | | | | | | | | | | | | | | **Yes**  **No**  **Not Applicable** |
| 1. I was a CVA (Company Voluntary Arrangement) supervisor of the company at the date of dissolution. | | | | | | | | | | | | | | | | | | | **Yes**  **No**  **Not Applicable** |
| 1. I was the liquidator/one of the joint liquidators of the company at the date of dissolution. | | | | | | | | | | | | | | | | | | | **Yes**  **No**  **Not Applicable** |
| 1. I am the Executor/Administrator of the estate of a deceased person who was a shareholder of the company at the date of dissolution. | | | | | | | | | | | | | | | | | | | **Yes**  **No**  **Not Applicable** |
| * **COMPLETE SECTION B ONLY IF THE DISSOLVED COMPANY WAS A CHARITY OR A COMMUNITY INTEREST COMPANY** | | | | | | | | | | | | | | | | | | | |
| **S E C T I O N B** | | | | | | | | | | | | | | | | | | | |
| 1. I undertake that any discretionary payment made by the Treasury Solicitor as a result of this application will be subsequently paid to the **Intended Recipient (IR) or Asset-Locked Body (ALB)** | | | | | | | | | | | | | | | | | | | **Yes**  **No** |
| 1. I confirm that the constitutions of both the Intended Recipient/Asset-Locked Body and the charity/CIC permits the discretionary payment to be paid. | | | | | | | | | | | | | | | | | | | **Yes**  **No** |
| 1. **Name of Intended Recipient or Asset-Locked Body.** |  | | | | | | | | | | | | | | | | | | |
| 1. **Charity registration number of IR or ALB** |  |  | |  | |  | |  | |  | |  | | |  | |  | | |
| 1. **Company registration number of IR or ALB** |  |  | |  | |  | |  | |  | |  | | |  | |  | | |
| **S E C T I O N C** | | | | | | | | | | | | | | | | | | | |
| 1. I declare that there were no outstanding creditors of the company at the date of its dissolution, or all outstanding creditors have since been paid in full. | | | | | | | | | | | | | | | | | | | **Yes**  **No** |
| 1. As the last appointed insolvency practitioner dealing with the company affairs at the date of dissolution, I undertake to distribute any discretionary payment as though I was still acting on behalf of the company in that capacity. | | | | | | | | | | | | | | | | | | | **Yes**  **No**  **Not Applicable** |
| 1. I undertake **NOT** to restore the company back to the register. | | | | | | | | | | | | | | | | | | | **Yes**  **No** |
| **S E C T I O N D** | | | | | | | | | | | | | | | | | | | |
| 1. I declare that the information provided in this undertaking is accurate and valid to the best of my/our knowledge. | | | | | | | | | | | | | | | | | | | |
| 1. I have submitted certified copies of 2 forms of identity in line with the Discretionary Grant (DG2) requirements and the approved Government “Identity Checklist” (available <https://www.gov.uk/government/publications/proof-of-identity-checklist>). | | | | | | | | | | | | | | | | | | | |
| 1. I understand that in accordance with the General Data Protection Regulation (GDPR) set out in the Data Protection Act 2018 (DPA II), my data will be retained for a period of at least 6 years. | | | | | | | | | | | | | | | | | | | |
| **BY SIGNING THIS DOCUMENT, YOU ACCEPT THE TERMS OF THE UNDERTAKING FOR THE DISCRETIONARY GRANT APPLICATION PROCESS.** | | | | | | | | | | | | | | | | | | | |
| 1. **Signature** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | 1. **Date of signature (DD/MM/YYYY)**   **\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** | | | | | |
| |  | | --- | | * **ATTENTION: ENSURE THAT YOU HAVE CAREFULLY COMPLETED ALL REQUIRED SECTIONS IN THE APPLICATION AND UNDERTAKING FORMS PRIOR TO SUBMISSION** | | | | | | | | | | | | | | | | | | | | |
| **S U B M I T** | | | | | | | | | | | | | | | | | | | |
| **PLEASE EMAIL YOUR APPLICATION ALONG WITH THE REQUIRED SUPPORTING IDENTITY DOCUMENTS TO THE FOLLOWING ADDRESS:**  [**submit.dg2@governmentlegal.gov.uk**](mailto:submit.dg2@governmentlegal.gov.uk)  http://www.mobile-barcodes.com/qr-code-generator/generator.php?str=00442072104700&barcode=phone  **For all enquiries or assistance, please email** [**bvcbt@governmentlegal.gov.uk**](mailto:bvcbt@governmentlegal.gov.uk)  **Scan the QR code to contact the BVD helpline, or call +44 (0)20 7210 4700, option 1.** | | | | | | | | | | | | | | | | | | | |