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| cover |  | Insolvency (England and Wales) Rules 2016 Rule 15.18 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Insert court or proceedings details  Insert full name of bankrupt  Insert full name and address of creditor making the request, whether an individual, firm or company  You must include the insolvency practitioner’s consent to act  \*mark with an ‘x’ as applicable  This form can be authenticated for submission by email by entering your name in block capitals and sending the form as an attachment from an email address which clearly identifies you or has been notified to the official receiver. | Request by Creditors for a Decision  Bankruptcy | | | | | | | | | |
| **In the** | | |  | | | | | **No** |  |
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| **Re** | | |  | | | | | | |
|  | | |  | | | | |  |  |
| **I,** | | |  | | | | | | |
|  | | |  | | | | |  |  |
| a creditor of the bankrupt, request you to seek a decision on the removal of the official receiver as trustee of the bankrupt’s estate.  If the official receiver is to be replaced in office, I nominate  **Insert name(s) and firm address(es) of the insolvency practitioner(s) nominated** | | | | | | | | | |
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| to be the trustee in their place. | | | | | | | | | |
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| My claim in the bankruptcy is £ | | | | | |  | |  |  |
|  | | |  | | | | |  |  |
|  | \*I believe the total claimed represents not less than one quarter in value of the debts of the bankrupt. | | | | | | | | |
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|  | | |  | | | | |  |  |
|  | | **OR** | | | | | | | |
|  | | |  | | | | |  |  |
|  | \*Attached (annex A) is a list of creditors who concur in this request with their respective claims, together with confirmation by each of them of their concurrence. I believe these, including my claim, represent not less than one quarter in value of the debts of the bankrupt | | | | | | | | |
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| **Signed** | | | |  | | |  | | |
|  | | | | | | | | | |
| **Date** | | | |  |  | | | | |
|  | | | | | | | | | |
| **Name in BLOCK LETTERS** | | | | |  | | | | |
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| **Annex A** | **Rule 15.18** |

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|  | Request by Creditors for a Decision  Bankruptcy |
| |  |  |  | | --- | --- | --- | | Insert full name of bankrupt | **Re** |  | | | |

**List of creditors concurring with request**

**Please ensure you attach the statements of concurrence from each creditor.**

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| --- | --- | --- |
| **Name (and contact details)** | **Total Claim** | **Confirmation of concurrence attached (Y/N)** |
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