

**Registration Authority**

An Insolvency Practitioner must notify the Registrar of their intention to cancel their registration pursuant to Part 2, section 5(3) of the Insolvency Regulations (Insolvency Practitioner) Rules 2022 (the ‘**Rules’**). **Notification of cancellation of registration.**

*Introduction/overview*

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### If an Insolvency Practitioner intends to cancel their registration, they must notify the Registrar of the ADGM Courts (as applicable) of their intention and of the steps that the Insolvency Practitioner proposes to take to terminate and discontinue the performance of any Insolvency Practitioner Services, including the proposed timing to complete such steps.

An Insolvency Practitioner who fails to successfully conclude the steps necessary to terminate and discontinue the performance of any Insolvency Practitioner Services within the time required under Rule 5(3) of the Rules (or such other time period as the Registrar or the ADGM Courts may determine), is in contravention of the Rules and is liable to a fine not exceeding Level 3 on the Abu Dhabi Global Market’s standard fines scale.

*Section 1: details of the Insolvency Practitioner*

# *Insolvency Practitioner’s Contact Details*

|  |  |
| --- | --- |
| Name\* |  |
| ADGM Registration Number |  |

# *Person to contact for clarifications that may be required in connection with this notification*

|  |  |  |
| --- | --- | --- |
| Title\* |  |  |
| Forename(s)\* |  |  |
| Surname\* |  |  |
| Designation\* |  |  |
| Telephone\* |  |  |
| Email\* |  |  |

**Note: The contact details should be the person responsible for the application and its requirements.**

*Section 2: Intention to cancel registration*

Please complete the following sections. All sections must be completed with the required information. Please use additional sheets of paper if required.

1. Intention to cancel registration as an Insolvency Practitioner:

|  |
| --- |
| [please state here the intention] |

1. Proposed time frame to cancel the registration as an Insolvency Practitioner:

|  |
| --- |
| [please specify here the proposed timeline] |

1. Steps that an Insolvency Practitioner intends to execute in order to cancel the registration as an Insolvency Practitioner with ADGM RA:

|  |
| --- |
| [please provide detailed plan and steps that an Insolvency Practitioner intends to execute in order to ensure that all current appointment of the Insolvency Practitioner and matters handled by the Insolvency Practitioner are taken care of and no parties are affected adversely as a result of the cancelation of registration of an Insolvency Practitioner with ADGM RA]. |

*Section 3: Confirmation of compliance with section 5(3) of the Rules*

#### I, …………………………..., confirm that to the best of my information, knowledge and belief, I, ……………………the registered Insolvency Practitioner with ADGM Registration Authority, and, to the extent applicable, my Employer and any connected persons have complied with all applicable requirements of the Rules related to cancelation of the registration with ADGM RA.

#### I further confirm that information provided in this form is not false, misleading or deceptive, and I did not conceal any information where the concealment of such information is likely to mislead or deceive the Registrar.

I also confirm that I did not make any misrepresentations in my registered status under the Rules, expressly or by implication.

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Signature and Name of the Insolvency Practitioner