

RM02 (Scot)

Notice of ceasing to act as a receiver



Companies House

For further information, please refer to our guidance at www.gov.uk/companieshouse

1 Company details

Company number	<input type="text"/>
Company name in full	<input type="text"/>

→ **Filling in this form**
Please complete in typescript or in bold black capitals.
All fields are mandatory unless specified or indicated by *

2 Details of a person who has ceased to act as a receiver

	Please give the name of the person who has ceased to act.
Forename(s)	<input type="text"/>
Surname	<input type="text"/>
	Please give the address of the person who has ceased to act.
Building name/number	<input type="text"/>
Street	<input type="text"/>
Post town	<input type="text"/>
County/Region	<input type="text"/>
Postcode	<input type="text"/>

Please give the name and address of the person who has ceased to act as a receiver.

3 Receiver's email address or telephone number ¹

Email address	<input type="text"/>
Telephone number	<input type="text"/>

¹ You must give an email address or telephone number. All information on this form will appear on the public record.

4 Insolvency practitioner number

Insolvency practitioner number	<input type="text"/>
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<input type="text"/>

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5 Details of a person who has ceased to act as a receiver

	Please give the name of the person who has ceased to act.	Please give the name and address of another person who has ceased to act as a receiver.
Forename(s)		
Surname		
	Please give the address of the person who has ceased to act.	
Building name/number		
Street		
Post town		
County/Region		
Postcode		

6 Receiver's email address or telephone number ①

Email address		① You must give an email address or telephone number. All information on this form will appear on the public record.
Telephone number		

7 Insolvency practitioner number

Insolvency practitioner number		
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8 Ceasing to act

	Please show the date on which the receiver(s) ceased to act.		
Date	d d m m y y y y		
	Please tick the appropriate box to show the reason for the receiver(s) ceasing to act.		
	<input type="checkbox"/> Resignation of the receiver(s)		
	<input type="checkbox"/> Ceasing to be qualified to act as an insolvency practitioner		
	<input type="checkbox"/> Removal of receiver(s) by a court order (please give the court details below)		
	Court name		
	Court number		
	<input type="checkbox"/> Any other cause		

9 Signature ②

Signature	Please sign the form here.	② Signature By the person who has ceased to act as a receiver.
	Signature	

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Presenter information

You do not have to give any contact information, but if you do, it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record.

Contact name

Company name

Address

Post town

County/Region

Postcode

Country

DX

Telephone

Checklist

We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the following:

- The company name and number match the information held on the public Register.
- You have given the details of the receiver(s).
- You have given the cessation date.
- You have given the reasons for the receiver(s) ceasing to act.
- You have signed the form.

Important information

Please note that all information on this form will appear on the public record.

Where to send

You may return this form to any Companies House address. However, for expediency, we advise you to return it to the appropriate address below:

The Registrar of Companies, Companies House,
Fourth floor, Edinburgh Quay 2,
139 Fountainbridge, Edinburgh, Scotland, EH3 9FF.
DX ED235 Edinburgh.

Further information

For further information, please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.gov.uk/companieshouse