

SECRETARY OF STATE LOCAL BANK ACCOUNT APPLICATION

Please ensure that all relevant information is included on this form. Non-inclusion of such information may result in delays to your application being processed.

Please see [Chapter 15, Paragraph 3](#) of Dear IP for guidance in respect of the operation of local bank accounts.

Requests should NOT be made retrospectively except in an emergency, in which case, no undue delay should occur in the application process.

Please complete and save this form and then email it to IP.Requests@insolvency.gov.uk.

Any queries can be referred to the same email address.

NAME OF COMPANY/BANKRUPT:

COURT REFERENCE (if applicable):

BKT/LQD number (if known):

DATE OF ORDER:

IP Name:	
Contact Name:	
Contact Number:	
Contact E-mail Address:	
Date of Application:	

1.	Balance on the estate, together with details of anticipated realisations:	
2.	Period for which you anticipate that a local bank account will be required:	
3.	Reason for the use of a local bank account (to include information on why it is impractical to use the Insolvency Service Account):	
4.	Nature, trading style and trading address of the business (if any):	
5.	Name and address of the bank you propose to use:	

6.	Maximum balance to be held on the account:	
7.	Maximum single withdrawal to be made from the account:	
8.	Any further information that you consider to be relevant to your application:	