

**SECOND SCHEDULE**  
[Regulation 3(b)]

S374(3)(a) IS10

**NOTICE OF CEASING TO HOLD OFFICE AS AN INSOLVENCY PRACTITIONER**  
[S. 374(3)(a) of the Insolvency Act]

**TO:** The Director of the Insolvency Service

**TAKE NOTICE** that I have ceased to hold office as an Insolvency Practitioner for a period of 6 months.

1. Full name of Insolvency Practitioner  
.....  
[surname first, in block letters]
  
2. Date of ceasing to hold any office as an Insolvency Practitioner  
.....
  
3. State the nature of the office the Insolvency Practitioner last held and has now ceased to hold .....

(State whether liquidator, receiver or administrator in a Voluntary Administration)

Dated this ..... day of ..... 20....

.....  
Signature of Insolvency Practitioner