TEMPLATE WITNESS STATEMENT

PD 01/2023

CHP XX/XXXX

**IN THE HIGH COURT OF JUSTICE OF THE ISLE OF MAN**

**CIVIL DIVISION**

**CHANCERY BUSINESS**

**IN THE MATTER** of the application of [insert name of claimant] by claim form dated [insert date] for an order to wind up [insert name of company]

**WITNESS STATEMENT OF [insert full name] PROVIDING CONSENT AND FITNESS TO ACT AS LIQUIDATOR/PROVISIONAL LIQUIDATOR**

I, [*name*], of [*address*], say as follows:

**CONSENT**

1. I, [*name*], of [*address*], consent to be appointed by the Court and to act as the \*liquidator/\*provisional liquidator of [*insert name of company*].
2. I also consent to being appointed under section 174 Companies Act 1931 as deemed Official Receiver of the [*insert name of company*].

**PREVIOUS APPOINTMENTS**

1. I have/\*have not previously been appointed by the Court to act as a liquidator. \*[My last appointment by the Court was on [*insert date*] in respect of [*insert name of company*]].

**CONFLICT**

1. I am not aware of any conflict of interest or duty that would make it improper for me to act a \*liquidator/\*provisional liquidator of [*insert name of company*].

**FITNESS**

1. There is now produced to me marked [ABC/1] a copy of my current curriculum vitae which includes therein details of my qualifications and/or professional memberships relevant to acting (whether in this or any other jurisdiction) as an insolvency officer and my experience in relation to Isle of Man and/or other insolvency proceedings.
2. I confirm that I am fully cognisant of Isle of Man insolvency law in force as at the date hereof.
3. I have not previously been adjudged by a Court or Tribunal liable for dishonesty, fraud, misfeasance, negligence or other misconduct. I am not currently the subject of any adverse finding impugning my honesty or integrity by any Court, Tribunal or a professional body *[save for …[insert details]]*.

**SECURITY**

1. I am aware that pursuant to section 180 of the Companies Act 1931 that, if so appointed, I shall not be capable of acting as \*liquidator/\*provisional liquidator of [*insert name of company*] until I have notified my appointment to the Registrar of Companies and have given security in the prescribed manner to the satisfaction of the Court.
2. I have not previously given security either specifically in connection with the above claim or generally.
3. I confirm that:
	1. [EITHER] I am resident in the Isle of Man. [OR] I am not resident in the Isle of Man.
	2. [EITHER] I carry on my principal business as, among other things, an insolvency officer in and from the Isle of Man from offices situate at [*insert address*]. In addition to me, my office is staffed by [*provide details of how office is manned*].

[OR] I carry on my principal business as, among other things, an insolvency officer in and from [*insert jurisdiction where you reside for business purposes and details of your office and how it is manned*] and it is proposed that my appointment will at all times be a joint appointment with [*insert name/s and addresses of those other insolvency officer/s who is/are to be appointed and who carry on business in and from the Isle of Man*].

* 1. [EITHER] I hold and undertake that I will continue to hold for the duration of my appointment a policy of professional indemnity insurance in connection with my private practice as an insolvency officer which provides professional indemnity cover in respect of claims against me or my partners and employees who may perform work in connection with this matter in the sum of [*insert details of amount of cover*]. In the circumstances I ask that the Court fix the level of security that otherwise I may be required to give at Nil.

[OR] I do not hold a policy of professional indemnity insurance in connection with my private practice as an insolvency officer and understand that I may be required by the Court to give security as a condition of my appointment.

**LIQUIDATOR’S BANK ACCOUNT**

1. Any monies to be held under my control as \*liquidator/\*provisional liquidator of [*insert name of company*] will be transferred within 7 days into and thereafter held in a bank account in the name of [*insert name of individual or entity*] with a banking institution licensed by the Isle of Man Financial Services Authority or such other banking institute as may be approved by future order of the Court. A list of signatories to such bank account/s is and details of their office and relationship with me is produced at ABC/2.

**CHARGE OUT RATES**

1. The time-cost rates currently charged in respect of work done as \*liquidator/\*provisional liquidator of [*insert name of company*] by me or by my partners and employees who may perform work in this matter are set out in the schedule of charge out rates produced at ABC/3 hereto. I acknowledge that my appointment by the Court does not constitute an express or implied approval by the Court of these time-cost rates.

**STATEMENT OF TRUTH**

I confirm that the facts set out in this statement are true.

Signed:

Dated:

**ABC/1**

**ABC/2**

**ABC/3**

**SCHEDULE OF CHARGE OUT RATES**