



Payment Options

Select the appropriate option.

- A cheque or cash deposit accompanies this application.
- Payment will be made at the time of collection of the search results.

Application for an Official Search made pursuant to Section 164 of the Bankruptcy and Insolvency Act, Cap 303

IMPORTANT: Please read the notes overleaf before completing this form.

Application is hereby made for an official search of the Register of Proposals & Bankruptcies kept pursuant to Section 164 of the Bankruptcy and Insolvency Act, Cap 303 of the Laws of Barbados in respect of the below listed companies:

	NAME OF COMPANY	COMPANY NO.
1.		
2.		
3.		
4.		
5.		

APPLICANT INFORMATION

Applicant Name:

C/o Business Name:

Address:

Street Line 1:

Street Line 2:

City:

Parish/Province/State:

Postal Code:

Country:

Contact Information:

Primary Contact Number:

Secondary Contact Number:

Email Address:

FOR OFFICIAL USE ONLY

Receipt No.

Signature

Date (yyyy-mm-dd)

NOTES FOR GUIDANCE OF APPLICANTS

The following notes are supplied for assistance in making the application overleaf.

1. **Effect of search.** The official certificate of the result of this search is limited to the company's status in relation to the provisions of the Bankruptcy and Insolvency Act, Cap 303 of the Laws of Barbados and should not be taken as a warranty or representation by the Supervisor of Insolvency concerning the company's compliance with other laws of Barbados which the Supervisor of Insolvency does not administer.
2. **Fees.** A fee is payable for each name searched. Fees may be paid in cash or by cheque made payable to "The Supervisor of **Insolvency**" Fees may also be paid via the E-Pay Plus facility. An Applicant must select the mode of payment in the "Payment Option" Section.
3. **Names to be searched.** The name of the company, and if known, the company number should be entered on the appropriate lines in the relevant panel overleaf. If you are searching more than 5 names, use a second form.
4. **Exceptions:** Searches are not available for businesses registered under the Registration of Business Names Act, Cap 317, corporations registered under the Financial Institutions Act, Cap 324A or insurance companies.
5. **Applicant's name and address.** The applicant's name and address should be correctly entered in the space provided overleaf.
6. **Despatch of this form.** When completed, this application may be sent by email to supervisor.insolvency@barbados.gov.bb or delivered by hand or post to the address shown below.

**The Supervisor of Insolvency
Office of the Supervisor of Insolvency
First Floor East, Warrens Office Complex
Warrens, St Michael
BARBADOS**