

Extra Information about Sale or Transfer: Director/Employer Representative/Purchaser

Please read these notes carefully before you fill in the form.

To enable us to assess whether payments are due from the National Insurance Fund, I would be grateful if you could answer the questions outlined on this form.

Please read all the notes with the questions and ensure that you understand the information you need to give. Please tick Yes or No as necessary. If there is not enough space for your answers or you want to give more than a simple Yes or No please continue on a separate sheet of paper. If you need any help in completing this form, please contact the Redundancy Payments Office.

Employer:

Case Ref:

Data Protection Act 1984

I would advise that in order to protect the employees, if no reply is received by then the Secretary of State will reject the claims to allow claimants to apply to an Employment Tribunal. Please fill all boxes clearly in block capitals.

1. On what date and at what time were the employees dismissed?

Date / /

Time

2. Who dismissed the employees?

Name

Position

3. How were they informed?

If they were informed in writing, please provide a copy of the dismissal letter.

4. What reason was given for their dismissal?

5. Have any of the employees of the insolvent company gone to work for

Yes Go to Question 6

No Go to Question 7

6a. On what date were they offered new employment?

/ /

6b. Who made the offer to them?

6c. What are the names of those employees?

Please continue on separate sheet if necessary.

7. What negotiations took place with regards to the employees?

8. On what date did the sale/transfer negotiations take place?

/ /

9. When was the sale completed?

Date / /

Time

IMPORTANT: Please attach a copy of the sale agreement or other instrument of transfer, even if it was an assets only sale.

10. To whom was the sale/transfer made?

Name

Address

11. Which of the following was sold?
- Goodwill Tick those which apply
 - Plant & Machinery
 - Premises
 - Work in Progress
 - Customer Lists

12. On what date did the employees begin work for the new employer?

_____ / _____ / _____

13. Were any employees not offered a job with the new employer?

- Yes Go to Question 14
 No Go to Question 15

14a. Which employees were not offered a job?

Please continue on separate sheet if necessary

14b. For what reason(s) were they not offered a job?

15. With regard to those employees who went to work for the new company/purchaser, have their terms and conditions of employment changed?
 Yes If yes please give details in box in next column

No Go to question 16

16a. When was the new company/purchaser set up and/or incorporated?

_____ / _____ / _____

16b. Who are the directors and shareholders of the new company/purchaser?

NAME	% SHARES HELD

17. Who owns the trading premises?

18. Is there any association between the companies?

- Yes No If yes provide the company numbers

19. What is the nature of the new company's business?

20. Were any of the assets sold or transferred without monetary consideration?

- Yes No

Declaration - Please read this carefully before signing

- I have filled in all relevant parts of the form
- I understand that you may take legal action against me if I have made a false statement on this form

Your signature:

Your position: (Former director of the insolvent company, purchaser or Employer's Representative)

Date:

Please return the completed form to this address:
