

Please return this form to:

Devorah Burns  
The Insolvency Service  
The Insolvency Practitioner Section, Area 1.10  
21 Bloomsbury Street  
LONDON  
WC1B 3QW

*Fold here, use for return*

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<p><b>Dear IP</b> <b>e-mail survey</b></p>
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Name of Practitioner \_\_\_\_\_

Name of Firm \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e-mail address \_\_\_\_\_

*Tick **one** of the following options*

I would prefer to receive Dear IP as e-mail

I prefer to receive Dear IP as a paper document

Thank you for your co-operation