

SCHEDULE 1

FORMS

FORM 1

Application for registration

regulation 5, 11

THE INSOLVENCY ACT, 2011

THE INSOLVENCY PRACTITIONERS REGULATIONS, 2017

I, the applicant named below, apply to register as an insolvency practitioner

PARTICULARS OF THE APPLICANT

(a) Name: _____

(b) Date of birth: _____

(c) Occupation: _____

(d) Qualification: _____

_____ (*attach the necessary certified documents*)

(e) Professional membership: _____ (*attach a certified proof of membership*)

(f) Physical address: _____

(i) telephone numbers: _____

(ii) email address: _____

(iii) postal address: _____

PROFESSIONAL CONDUCT

(a) Whether the applicant has been subjected to any disciplinary proceedings or punishment under any law by his or her professional body.

(b) Whether the applicant is disqualified from acting as an insolvency practitioner in accordance with section 204 (2) of the Act.

(c) Whether the applicant has been subject to any prohibition order under section 209 of the Act: _____

PROFESSIONAL INDEMNITY

(a) Name of policy holder: _____

(b) Insurer: _____

(c) Duration of the insurance cover: _____

(d) Expiry date: _____

DECLARATION

I hereby declare that to the best of my knowledge and belief all the particulars furnished in this application are true.

Date _____

Signature of the applicant: _____