

THE INSOLVENCY ACT

IN THE HIGH COURT OF KENYA

APPLICATION FOR AN INSOLVENCY PRACTITIONER LICENSE

A. PERSONAL INFORMATION

Full name:

Title:

Membership number (if known/applicable):

ID Number:

Passport Number:

Address:

Town:

County:

Country:

Postcode:

Email:*

KRA PIN Number:

*Please provide an email address where we can contact you about your application.

B. PRACTISING DETAILS

1. Date of commencement:

2. I intend to practice (tick as appropriate)

A. as a sole practitioner

B. as a partner/co-director as both a sole practitioner and a partner/co-director

C. as an employee of a firm of insolvency practitioners

3. Name and address of Firm (*If practicing as a sole practitioner*):

(Please underline the first surname to indicate where your firm should appear in registers/directories compiled or published by the Official Receiver. Also indicate whether it is a law firm or accounting firm or other.)

Building Name/Number:

Town:

County:

Country:

Postcode:

Tel:

Fax:

Website:

Email:

4. Partners *(If you are not intending to practice as a sole practitioner, please enter the names of all partners with their designatory letters.)*

1.

2.

3.

5. i. Head office address

Building Name/Number:

Town:

County:

Country:

Postcode:

Tel:

Fax:

Email:

Website:

ii. Address of your office (if different from 5(i)):

Building Name/Number:

Town:

County:

Country:

Postcode:

Tel:

Fax:

Email:

Website:

6. Address and contact details of your firm’s other branches (use a separate sheet if necessary):

7. Employer’s details

i. Name of Firm/Partnership/Company for which you work:

ii. How long you have worked there:

iii. Your current job title/position:

iv. Nature of Firm/Partnership/Company business:

v. Address:

Building Name/Number:

Town:

County:

Country:

Postcode:

Tel:

Fax:

Website:

Email:

C. EXPERIENCE AND QUALIFICATIONS*

1. Please set out details of your employment during the last five years (including any different job title/position with your current employer):

Your Job Title/ Position	Your Employer	Dates commencement and completion	Insolvency hours worked	Type of Insolvency (Personal, Administrations, CVAs or Liquidations)

**(Use separate sheet)*

2. Please set out details of your professional examination passes (including the KASNEB Accounting and CPS for certified accountants and secretaries and KSL for advocates for which documentary evidence must be included with this form), degrees or equivalents you may have:

Qualification	Year

**(Use separate sheet)*

3. Please state whether you are a member of any Professional Body and for how long you have been a member:

Professional Body	Year

**(Use separate sheet)*

D. SPONSORS*

1. Please provide details of your two sponsors who should be:

- (1) an Insolvency Practitioner (IP) (whether or not in possession of an IP practicing certificate); and
- (2) another IP or a member of a professional body or a person of standing who are each able to vouch for your good character and suitability to become an member of the IP Body:

2. Name of Sponsor (1):

- i. Name of Firm/Partnership/Company for which he/she works:
- ii. How long he/she has worked there:
- iii. Current job title/position:
- iv. Nature of Firm/Partnership/Company business:

vi. Address:

Building Name/Number:

Town:

County:

Country:

Postcode:

Tel:

Fax:

Website:

Email:

3. Name of Sponsor (2):

i. Name of Firm/Partnership/Company for which he/she works:

ii. How long he/she has worked there:

iii. Current job title/position:

iv. Nature of Firm/Partnership/Company business:

v. Address:

Building Name/Number:

Town:

County:

Country:

Postcode:

Tel:

Fax:

Website:

Email:

E. SUITABILITY*

*State, and provide full details where you answer Yes:

(a) Have you previously practiced as an Insolvency Practitioner or been a receiver, receiver manager or liquidator?

(b) Have you been refused admission to, or been removed from, any professional body or similar association; or is there any action pending?

(c) Have you been the subject of any adverse findings by the any professional body or any government, statutory or regulatory authority (including the office of the Official Receiver) in relation to any matters, whether by way of financial penalty or other disciplinary action (including reprimands, warnings and undertakings); or are there any matters (including complaints) currently being considered by any of them?

(d) Have you been or are you the subject of a bankruptcy order, sequestration order, voluntary arrangement, deed, scheme, composition or other form of agreement or debt management plan with your creditors; or are there any proceedings pending?

(e) Have you been or are you a director of, or involved in the management of, a company which has gone into liquidation, administration or administrative receivership or entered into a company voluntary arrangement, scheme, composition or other form of agreement with its creditors; or which has been or is the subject of a statutory or regulatory investigation?

(f) Have you been the proprietor or partner in any business or been a director of or involved in the management of, any other company which ceased trading leaving creditors unpaid?

(g) Have you had any judgments entered against you; and are there any still outstanding?

(h) Have you been the subject of proceedings alleging negligence, misconduct or other liability in relation to an insolvency or other professional matter; or are there any proceedings pending?

(i) Have you been convicted of any criminal offence, other than a minor motoring offence not resulting in disqualification; or are there any proceedings pending?

(j) Have you been or are you subject to a disqualification order or undertaking in relation to a company or office or subject to a bankruptcy restriction order or undertaking; or are there any proceedings pending?

(k) Have you been removed or dismissed from any form of employment or engagement on grounds of misconduct, incompetence or unfitness, or from any fiduciary office or position of trust (whether or not remunerated) including as an insolvency office holder; or is there any action pending?

(l) Have you been or are you a patient within the meaning of Part V and VI of the Mental Health Act Chapter 248 of the Laws of Kenya?

(m) Do you, or your firm have Professional Indemnity Insurance (PII) in place which is current and meets the requirements of the Insolvency Regulations. If YES, please specify the PII policy you hold and the expiry date of this policy.

(n) Do you, or your firm have a bond? If 'YES', Please enter the expiry date of the Bond. If 'NO', please confirm you will obtain a Bond upon approval of this application and that you will forward a copy to the Official Receiver upon receipt.

F. DECLARATION

1. I hereby apply for an Insolvency Practitioner License, for which I believe I am suitable.
2. I acknowledge that I am bound by the Insolvency Practice Articles, Rules, Regulations and Guidance in relation to my membership.
3. The information provided by me in this application is true, and I have disclosed here all and every facts and circumstances which are material to consideration of my application. I understand that any false, inaccurate or misleading information provided by me may lead to a refusal of my application, or disciplinary action in relation to, and suspension or withdrawal of my Insolvency Practitioner License.
4. I will immediately notify the office of the Official Receiver of any material change in the information provided by me here, whether it arises before or after my admission to membership.
5. I understand that the office of the Official Receiver may seek information relevant to a proper consideration of my application from my current and past employers and from other third parties; and I hereby consent to the disclosure by my present and past employers and other third parties to the office of the Official Receiver.
6. I am aware that an Insolvency License if granted to me by the Official Receiver will remain in effect for one year, and it is renewed annually by me on the conditions set out by the Insolvency Practice Articles, Rules, Regulations and Guidance, and that if the license is not renewed by me that it will expire.
7. That I understand that ceasing to be a license holder does not remove my obligation to pay outstanding fees and to provide information and returns concerning appointments and that the Official Receiver, under the insolvency legislation, is able to make applications to court for the transfer of cases from insolvency practitioners whom it authorizes. Such transfers may arise both during the period of a license or after a member has ceased to be authorized. I understand that the Official Receiver may seek to recover the costs of such transfers from the former insolvency license holder.
8. I attach the following (delete where appropriate):

- Copy of documentation relating to my Joint Insolvency Examination pass; or Copy of documentation relating to my Certificate of Proficiency in Insolvency pass.
- Copy of documentation relating to my qualifications and experience
- Copy of Professional Indemnity Insurance and bond.
- Confirmation of my insolvency experience; or Copy of my IP authorization; or Copy of my appointment as an official receiver or equivalent grade
- Letters from my two sponsors (please note this should also confirm your experience)
- Signed and dated explanatory notes
- My subscription fees

Signature

Date