

INSOLVENCY ACT
INSOLVENCY PRACTITIONERS' REGULATIONS 2017

Reg 4 (1)

FORM 1

APPLICATION FOR REGISTRATION AS AN INSOLVENCY PRACTITIONER
PART I

PERSONAL DETAILS

Name:

Date of Birth:

Nationality:

Form of Identification and Number.....

Cellphone Number

Office Address

Residential Address

Details of Residence (for the last 5 years if not Malawi)

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PART II

PROFESSIONAL EXPERIENCE

Qualifications held

Name of Institution

Country of

Institution.....

Date of Qualification

Membership of Professional Body

..... None Accountancy Law Neither (Tick as appropriate)

Other professional qualifications and/or membership of international insolvency associations

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Experience as an insolvency practitioner (include dates, names of firms and roles)

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Enclosures to attach to this form

(1) Certified copies of professional qualifications (insert names of certificates)

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(2) Certified copies of professional body memberships (insert names of professional bodies)

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(3) Schedule of cases in which you acted as an insolvency practitioner and the values of assets involved (insert extra pages as necessary)

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On signing this form I declare that —

- (a) The particulars given in this form are true, accurate and complete to the best of my knowledge and belief and I will provide such further information as the Director of Insolvency may request.
- (b) I am a fit and proper person and I am not under any suspension.
- (c) I have taken out professional indemnity insurance of at least K20,000,000 for at least two years coterminous with any registration that may be granted.
- (d) I undertake to abide by the provisions of the Insolvency Act and related legislation.
- (e) I understand that a false declaration will invalidate this application or any registration granted and that I may be liable to prosecution.
- (f) I authorize the Director to use, verify and make any inquiries relating to the information provided on this form and in relation to any other matter concerning this application.
- (g) I undertake to notify the Director in the event of any change in the above.

Date Signature

Before me:

Commissioner of Oaths