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RECENT

PASSPORT

SIZE

PHOTOGRAPH

**Registry of Companies and Business Names Division**

**Ministry of Finance and Economy**

**BRUNEI DARUSSALAM**

APPLICATION FOR ADMISSION AS AN INSOLVENCY PRACTITIONER

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | I, |  | | | | | | | |
|  | (FULL NAME) | | | | | | | | |
|  | of | |  | | | | | | |
|  | (ADDRESS) | | | | | | | | |
|  | hereby apply to be admitted as an Insolvency Practitioners of Brunei Darussalam and to be classified as a member under the Competent Authority of Insolvency Practitioners, Registry of Companies and Business Names Division of Ministry of Finance and Economy (ROCBN) Brunei Darussalam. | | | | | | | | |
| 2. | I have passed the \* examination in / for the | | | | | |  | | |
|  |  | | | | | | (Academic Degree, Professional Examination or Equivalent) | | |
| 3. | I enclose BND | | |  | as payment of the registration fee and the subscription for \_\_\_\_\_\_\_\_ | | | | |
|  |  | | | | |  | |  | (Year) |

* **Photocopy of Certificates to be certified. Please see “Directions” below.**

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1. (i) Name in full as in

IC/Passport:

+Mr/Miss/Ms

(ii) Sex: +Male/Female

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(iii) Date of Birth (dd/mm/yy):

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(iv) Place of Birth:

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2. (i) Nationality:

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(ii) +Identity Card No./Passport No.:

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(iii) +Work Permit/Employment Pass No.:

1. Qualifications (other than that stated in item 3 on front page):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Home Address:

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Telephone No.: (H)

(HP)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. Name and Address of Office

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| Telephone No.: | | | | | |  |  |  |  |  |  |  | Ext | |  | |  | |  | |  | | Fax No.: | | | | |  | |  | |  | |  | |  | |  | |  | |
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1. Address to which correspondence should be sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Present employer and position held:
2. If you are also carrying on business, state the name and nature of the business:
3. Have you ever been convicted of any criminal offence? +Yes / No
4. Have you ever been adjudged a bankrupt or made an assignment for the benefit of your creditors? +Yes / No. If yes, give details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. a) Give brief description of experience:

|  |  |  |
| --- | --- | --- |
| Position Held Chronologically  with Dates | Name and  Address of  Employer | Brief Description  of  Main Duties |
|  |  |  |
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(Applicants are required to forward testimonials from their employers, each giving a brief description of their duties and responsibilities. Photocopies of testimonials addressed to “To Whom It May Concern” may be submitted if they are not addressed to the Registry but originals must be produced for inspection.)

12. Character of a referee (not close relatives).

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| --- | --- | --- | --- | --- | --- | --- | --- |
| (i) | I, |  | | | NRIC/PP NO: | |  |
|  |  | (NAME) | | |  | |  |
| of |  | | | | | | |
|  | (ADDRESS) | | | | | | |
|  | | | | have known |  | | |
| (OCCUPATION) | | | |  | (NAME OF APPLICANT) | | |
| of |  | | | | | | |
|  | (ADDRESS OF APPLICANT) | | | | | | |
| for |  | | and believe him / her, from personal knowledge, to be a fit and proper | | | | |
|  | (LENGTH OF TIME) | |  | | | | |
| person to be registered as an Insolvency Practitioner. | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Signature | | | | | |  | |

13. I am not the subject of any investigation by any governmental or other relevant authority in respect of any offence involving dishonesty nor am I aware of any matter that could give rise to any complaint against me for professional misconduct/save and except\*#

14. Any other information you desire to submit which might assist the Competent Authority in making a decision on the application.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name, Address and Occupation)

declare that the information contained in this application is true to the best of my knowledge, information and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Declared at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before me

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Public Accountant/Advocate & Solicitor

# please give full details of investigation/complaint and your defence

**DIRECTIONS**

When submitting your application, please ensure that your application form has been correctly completed and that the following are enclosed:

1. Certified true copies of your certificates, including transcript / notification of results. Photocopies to be certified by a fellow Insolvency Practitioner/ Brunei Law Society or Brunei Darussalam Institute Certified Public Accountants (BICPA).
2. Testimonials covering your working experience up to the date of your application. Each testimonial should specify the period of your employment, with exact commencement and cessation dates, your job title and a brief description of your duties. . Photocopies to be certified by a fellow Insolvency Practitioner/ Brunei Law Society or Brunei Darussalam Institute Certified Public Accountants (BICPA).
3. Every application made is BND100.00 per annum.
4. Method of payment are as follows:

Cash or Cheques

* Payment should be paid by cash or cheques to the Registry of Companies and Business Names Divisions, Brunei Darussalam.
* All cheques should be crossed A/c Payee only and made payable to the “GOVERNMENT OF BRUNEI DARUSSALAM”.

Electronic/ Telegraphic Transfer

* For payment through electronic transfer, enquiries may be made directly to the Registry of Companies and Business Names

1. Details of the insolvency jobs that you have previously handled, indicating:
2. the level and extent of your involvement in the conduct of the jobs; and
3. any negative or adverse matters which may impact on your application. Examples of such matters include any convictions, disciplinary proceedings or determinations, adverse judgments or orders, or settlements on basis of fault, which have been made against or entered into by you or your firm on matters which you have been involved in. If none, please state so.