

# FIRST SCHEDULE

## [Regulation 3(a)]

S374(1)/IS 9

<b>APPLICATION FOR REGISTRATION AS AN INSOLVENCY PRACTITIONER</b> <b>[S. 374(1) of the Insolvency Act]</b>		
<b>PERSONAL DETAILS</b>		
<b>1.</b>	Title (Mr/Mrs/Ms/Dr)	
<b>2.</b>	Surname	
<b>3.</b>	Maiden name (if applicable)	
<b>4.</b>	First name(s)	
<b>5.</b>	Date of birth	
<b>6.</b>	Nationality	
<b>7.</b>	National Identity Card No.	
<b>8.</b>	In case of a non-citizen of Mauritius	Passport or travel document No. .... Issuing Authority ..... Date of issue ..... Date of expiry ..... Particulars of Occupation Permit, if applicable ..... Date of issue ..... Date of expiry .....
<b>9.</b>	Residential address Telephone No.	
<b>10.</b>	Office address. Telephone No. Mobile No. Facsimile No. E-mail address	
<b>11.</b>	Details of residence (for last 5 years, if other than Mauritius)	

PROFESSIONAL QUALIFICATIONS AND EXPERIENCE		
12.	Qualifications held	
	Name of Institution	
	Country	
	Date of qualification	
13.	Membership of professional body (Please tick as appropriate)	<input type="checkbox"/> Accountancy  <input type="checkbox"/> Law  <input type="checkbox"/> Secretary  Professional Body Membership No. ....
14.	Other professional qualifications and/or membership of International Insolvency Associations	
15.	Experience as an Insolvency Practitioner *  *Applicant may wish to provide post qualification information on the nature of his involvement in managing insolvencies over the past 3 years	
16.	Enclosures –  (a) photocopies of professional qualifications  (b) photocopies of certificates of professional bodies	

OTHER INFORMATION		
17.	<p>Are you presently performing duties of administrator/receiver /liquidator?</p> <p>If yes, please give the name/s of the company/ies</p>	
18.	<p>Please list down the cases in which you have performed the duties of an Insolvency Practitioner</p>	
19.	<p>Please quote your business registration number, if any</p>	

**DECLARATION BY APPLICANT**

**20.** On signing this application 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 Service may request;
- (b) I have 3 years' relevant post qualification experience in the area covered by the professional qualification referred to above;
- (c) I am a fit and proper person, and I am not under any suspension;
- (d) I hold a professional indemnity insurance cover for not less than one million rupees, and will maintain that professional indemnity insurance coverage and, following expiry of the current policy, will renew it;
- (e) I am not incapacitated by reason of any physical or mental health;
- (f) I undertake to abide by the provisions of the Insolvency Act and the rules of professional conduct for Insolvency Practitioners;
- (g) I understand that a false declaration on this form may invalidate this application;
- (h) I authorise the Director of Insolvency Service to use, verify and make any enquiries relating to the information provided on this form and in relation to any other matter concerning this application.

.....  
Date

.....  
Signature

For Official use only

Registration Number .....

Date of Registration .....

