

DEPARTMENT OF ENTERPRISE, TRADE and INVESTMENT

INSOLVENCY (NORTHERN IRELAND) ORDER 1989 Qualification And Authorisation Of Insolvency Practitioners

FORM IA1

Application For Authorisation To Act As An Insolvency Practitioner

This form should be used by applicants wishing to apply to the Department of Enterprise, Trade and Investment (the Department) for authorisation to act as an insolvency practitioner who have not previously been authorised by the Department to act as an Insolvency Practitioner.

The information required by this form will be used to determine whether you meet the requirements for authorisation by the Department of Enterprise, Trade and Investment.

Please read the accompanying Guidance Notes before completing this form. Please answer all questions which apply to you. If you need more space, please attach supplementary pages.

Form IA1	Application for Authorisation to Act as an Insolvency Practitioner
	Insolvency (Northern Ireland) Order 1989 Articles 351 and 352
Part A	General Information
1. Your full name. <i>Include any names by which you have been known previously.</i>	
2. Your date of birth	
3. Your place of birth	
4. Your nationality	
5. Your private address.	
6. Your principal business address and telephone number. <i>You should state the address at which you work or most frequently work.</i>	
7. Specify which of the above addresses you would prefer correspondence or notices relating to your application to be sent.	
8. Are there any other addresses from which insolvency business is conducted. <i>If yes list the addresses of any other offices which deal with cases in your name and to which creditors' and other correspondence in respect of those cases is normally sent.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you a member of any professional body? If Yes please provide the name and address of the body or bodies concerned, together with your membership number.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you at any time applied to any other body or to the Department of Enterprise, Trade and Investment for an authorisation to act as an insolvency practitioner? If Yes please state when, the outcome of that application and the name of the body concerned. <i>The Department would not normally process an application where there is a pending application with another body empowered to issue authorisations.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>11. Are you are a member of the Association of Business Recovery Professionals (R3)? If Yes please state your membership number.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. If you are granted authorisation to act as an insolvency practitioner, is it your intention to accept appointment in insolvency cases?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Part B</p>	<p>Practical Training and Experience</p>
<p>13. Do you possess any professional qualifications? If Yes please provide details</p> <p><i>You should include any examination passes which did not entitle or otherwise lead to full membership of a professional body.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>14. Have you passed the Joint Insolvency Examination or obtained an equivalent qualification? If Yes please provide details.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15.Regulation 7(2) of The Insolvency Practitioner Regulations (Northern Ireland) 2006 provides that an applicant must at the date of their application have passed the Joint Insolvency Examination Board or have acquired in, or been awarded in, a country or territory outside Northern Ireland professional or vocational qualifications which indicate that the applicant has the knowledge and competence that is attested by a pass in that examination.</p> <p>The Insolvency Practitioner Regulations (Northern Ireland) 2006 provide that unless previously an office-holder, that an applicant is required to demonstrate that they have acquired not less than 2,000 hours of insolvency work experience of which no less than 1400 hours must have been acquired within the period of two years immediately prior to the date of the making of his/her application and show that they have acquired 1000 hours or more in higher insolvency work experience within the period of 5 years immediately prior to the date of making his/her application.</p> <p><i>If your application is based on your having acquired the specified hours of insolvency work experience you should indicate how many hours of insolvency work experience constituted higher insolvency work experience.</i></p> <p>“Insolvency work experience“ means engagement in work related to the administration of insolvency proceedings:-</p> <ul style="list-style-type: none"> (a) as the office-holder in those proceedings; (b) in the employment of a firm or a body whose members or employees act as insolvency practitioners (c) in the course of employment in the Department of Enterprise, Trade and Investment or the Insolvency Service of England and Wales <p>“Higher insolvency work experience” means engagement in work in relation to insolvency proceedings where the work involves the management or supervision of the conduct of those proceedings on behalf of the office-holder acting in relation to them.</p>	

Dates (From – To)	Employer/business, including address	Position	Hours of insolvency work experience obtained	Of which , number of hours of higher insolvency work experience obtained

<p>16. Is your application based on appointments previously held as an office holder?</p> <p>If Yes please submit with this application a schedule of all appointments held during the period of 10 years immediately preceding the date of your application (not less than 30) at least 5 of which must have been held within the last 5 years. If less than 5 appointments held in the last 5 years, please submit a schedule of hours attributed to each case.</p> <p>The schedule should state in respect of each such appointment:</p> <p>*Name of debtor or company</p> <p>*Date of Appointment</p> <p>*Nature of proceeding and any court reference</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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*Whether appointment was by creditors in general meeting or otherwise
(which includes by debenture holders)

*Where the appointment is otherwise than by creditors in general meeting, your relationship or other connection if any with the appointer (s) and

*For any members' voluntary winding up whether the creditors were paid in full within twelve months.

Office holder means a person who acts as an insolvency practitioner or in a corresponding capacity under the law of any country of territory outside Northern Ireland and includes the Official Receiver acting as liquidator, provisional liquidator, trustee, interim receiver or nominee or supervisor of a voluntary arrangement.

Insolvency Practitioner is construed in accordance with article 3 of the Insolvency(Northern Ireland) Order 1989 and section 388 of the Insolvency Act 1986 but references to an office holder include the Official Receiver in any case where the official receiver is or has been an office holder whether by virtue of his office or otherwise.

In determining the number of appointments held by an applicant no account shall be taken of certain cases involving appointments by associates of the applicant and an applicant shall be treated as having held office in only one case in respect of appointments to two or more associated companies/individuals.

Please refer to Regulation 7(3) of the Insolvency Practitioners Regulations (Northern Ireland) 2006 for further details.

<p>17. Is your application based on insolvency work experience gained otherwise than as an office holder?</p> <p>If Yes please obtain and submit with this application:</p> <ol style="list-style-type: none"> 1. Letters from any office holder or other principal indicating the level of responsibility and competence achieved and the hours spent on work related to the administration of the estates of persons in respect of which an office holder has been appointed. Such letters must also show separately for the last 5 years those hours spent in the management or supervision of the conduct of cases on behalf of that office holder. If for any reason you are unable to obtain confirmatory evidence, please explain. 2. Copies of your time sheets for the 2 years prior to your application. 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><i>If, in answering questions 16 and 17 you are relying on appointments as an office holder or the acquisition of insolvency work experience or higher insolvency work experience in relation to cases under the laws of a country or territory outside the United Kingdom, you must also demonstrate that you have no less than 1,400 hours of insolvency work experience or higher insolvency work experience in cases under the law of any part of the United Kingdom, acquired within the two years immediately prior to your application. Where appropriate, you must also have a good command of English language.</i></p>	
<p>Part C</p>	<p>Fitness</p>
<p><i>In answering questions in this part you should also supply information in respect of any like proceedings etc arising in any country outside the United Kingdom.</i></p>	
<p>18. Are you, or have you been at any time a patient within the meaning of Part VII of the Mental Health Act 1983 or S125(1) Mental Health (Scotland) Act 1984 or Part V111 of the Mental Health (Northern Ireland) Order 1986 or the equivalent in any country or territory outside the United Kingdom?</p> <p>If Yes please give details</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>19. Are you, or have you been at any time, subject to any bankruptcy proceedings, a bankruptcy restrictions order, an administration order, and individual voluntary arrangement or a sequestration order or have you entered into any deed of arrangement, scheme or composition in respect of your financial affairs?</p> <p>If Yes please state: The date of commencement and discharge or other completion (if appropriate) If subject to a bankruptcy restrictions order, the date it was made and its duration. Any court or other reference number The name of the office holder</p> <p><i>You should include here any outstanding petitions as well as any current orders.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>20. Has a bankruptcy petition, not dealt with under question 19 ever been presented against you?</p> <p>If Yes please state the date of presentation, the court reference number and how the petition was disposed of</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>21. Do you have any judgments outstanding against you or have any judgments been registered against you within the last 5 years?</p> <p>If Yes please state the dates of the judgment, the name of the creditor, the amount of the debt in each case, the reason for non payment and the date of eventual payment (if appropriate)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>22. Have you been a director of any company which has at any time gone into receivership, administration, compulsory or voluntary liquidation (excluding members' voluntary liquidation where payment in full was made to creditors within a year) or which has entered into a company voluntary arrangement, scheme or composition sanctioned by the court?</p> <p>If Yes please state the name of each such company, the date of the commencement of those proceedings and the name and address of any office holder appointed</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>23. Have you ever been the proprietor or partner in a business or a director of any company which ceased trading leaving creditors unpaid not mentioned above?</p> <p>If Yes please state the name of the business/company, the period of its trading and give an estimate of the amount of the debts left unpaid.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>24. Have you ever been a director of any company which has been the subject of an investigation under The Companies (Northern Ireland) Order 1986 Part 11 of the Companies (Northern Ireland) Order 1989 or any other Acts regulating the conduct of companies or insolvency including bankruptcy?</p> <p>If Yes please state the name of the company and the date of the investigation</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>25. Are you, or have you been, disqualified or prohibited from being a director of a company, acting as receiver of a company's property or in any way, whether directly or indirectly, being concerned or taking part in the promotion, formation or management of a company or acting as an insolvency practitioner?</p> <p>If Yes please state the date of disqualification, the Order and Article involved, the court in which the disqualification was made and its duration.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>26. Have you been convicted of any offences under any legislation regulating the conduct of companies, insolvency proceedings, financial services or insurance?</p> <p>If Yes please state the date of conviction, the nature of the offence and the penalty imposed</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>27. Have you been convicted of any other criminal offence, excluding minor motoring offences?</p> <p>If Yes please state the date of conviction, the nature of the offence and the penalty imposed</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>28. Have you at any time been removed from an office for which an insolvency authorisation is now required under Article 3 of the Insolvency (Northern Ireland) Order 1989 or s.388 of the Insolvency Act 1986 or are you presently subject to any proceedings aimed at the end?</p> <p>If Yes please name the company, or debtor, any court reference and state the date and circumstances of removal</p> <p><i>Removal would not include circumstances where a receiver's appointment is terminated because the relevant debenture had been redeemed.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>29. Have you at any time been removed from or refused admission to any rota operated by an Official Receiver or the list of Interim Trustees maintained by the Accountant in Bankruptcy, under the provisions of the Bankruptcy (Scotland) Act 1985 or any corresponding earlier enactments?</p> <p>If Yes please provide full details including the date of removal or refusal to admission</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. Have you at any time been removed or dismissed from:</p> <p>(a) any other fiduciary office or position of trust (whether remunerated or not)?;</p> <p>or,</p> <p>(b) any employment on grounds of incompetence or unfitness?</p> <p>If Yes please provide full details including the date of removal or dismissal</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>31. Have you at any time been removed from or refused membership of any professional body or similar association on disciplinary grounds or been subject to disciplinary action by such a body involving a lesser penalty than removal?</p> <p>If Yes please state the name of the body, the date on which the penalty was imposed, the amount of the penalty and details of the matters under consideration</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>32. Have you at any time been subject to any proceedings brought by your employer for misconduct or to any other disciplinary action (whether or not the proceedings or action were concluded)?</p> <p>If Yes please provide full details including the date of the proceedings</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>33. So far as you are aware has your conduct been the subject of any complaint made by any third party to any professional body or similar association?</p> <p>If Yes please state the name of the body, the nature of the complaint and the outcome</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>34. Has your professional conduct been subject to any other complaint?</p> <p>If Yes please provide details, including the outcome</p> <p><i>You should include complaints to any employer.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>35. Have you at any time been subject to proceedings brought by the Department of Enterprise, Trade and Investment or the Insolvency Service of England and Wales or the Accountant in Bankruptcy in Scotland for failure to lodge returns either:</p> <p>(a) as an office holder in the United Kingdom?;</p> <p>(b) as a director or secretary of a company?</p> <p>If Yes, whether or not those proceedings resulted in an order made against you, please provide details including dates and offences alleged, and the outcome of the proceedings. If no order was made against you please give reasons</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>36. Do you (or if you have not previously acted as an insolvency office holder, will you) practice entirely on your own?</p> <p>If No, please state the names of your partners including any names by which they may previously have been known</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>37. In any work as an office holder are you or will you be given assistance by your partners?</p> <p>If Yes, please state to what extent</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>38. How many persons, other than partners assist you or will assist in your insolvency work?</p> <p>Consultants (please name)</p> <p>Managers or seniors</p> <p>Juniors and other staff</p>	
<p>39. To your knowledge has any partner, consultant, manager, employee or other assistant involved in your insolvency work or practice been subject to any of the events, proceedings, etc detailed at questions 18 – 35?</p> <p>If Yes, please give details</p> <p><i>Consultants would include any persons whether remunerated or otherwise, who may give advice or assistance other than any solicitor or accountant named at Part D of the form</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>40. Briefly describe the systems employed by the practice in which you work for ensuring compliance with the requirements of the legislation governing the administration of estates dealing in particular with the handling of monies from such estates.</p> <p><i>If you intend to set up practice on your own if you are granted an authorisation, please say so and describe the systems you propose to employ for ensuring compliance with the legislation</i></p>	
<p>41. Do you take cases in your own name?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>42. How many insolvency cases are you presently handling where you are not released or discharged from office?</p>	

<p>43. In respect of those cases in how many are returns required to be made either to the Department of Enterprise, Trade and Investment, Companies House, the Registrar of Companies in Scotland, The Accountant in Bankruptcy overdue?</p>	
<p>44. In how many cases are remittances required to be made to the Insolvency Services Account overdue for payment?</p>	
<p>45. In how many cases are you holding funds representing unclaimed dividends which should have been paid over?</p>	
<p>46. In respect of any arrears disclosed at questions 39 – 45, what steps are you taking to remedy the situation?</p>	
<p>48. Are there any other matters which might reflect upon your competence or fitness of which the Department ought to be aware?</p> <p>If Yes, please full supply details</p> <p><i>You should include any pending action or proceedings which have not been disclosed previously in Part C of this application.</i></p> <p><i>Every matter relevant to the question of an applicant's fitness and competence will be considered. A full disclosure of all relevant facts is essential and non-disclosure of such facts will itself be taken into account when considering your fitness to act as an insolvency practitioner.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Part D	Declaration
<p>I hereby apply for authorisation to act as an insolvency practitioner.</p> <p>I declare that the information contained in this application is, to the best of my knowledge, information and belief, a full and true account of the matters referred to in it.</p> <p>I understand that the Department of Enterprise, Trade and Investment may seek verification from third parties of any matters pertinent to a proper consideration of my application including the seeking of information from any professional or similar body of which I am or previously have been a member and from my bankers, accountants and solicitors listed below and I hereby consent to the disclosure by such third parties to the Department of Enterprise, Trade and Investment of any such information.</p> <p>I understand that any false, inaccurate or misleading information given in this application may lead to the refusal of an authorisation or revocation of any authorisation already made.</p> <p>I undertake to notify the Department of Enterprise, Trade and Investment of any significant changes in the information provided in this application whether it arises before or after the grant of authorisation.</p> <p>In relation to my insolvency practice the following act as my:</p> <p>(a) Bankers _____</p> <p>(b) Accountants _____</p> <p>(c) Solicitors _____</p> <p>Signed _____ Date _____</p>	

Part E	Payment Details
<p>The application fee is £850 which is non-refundable (see Guidance Notes paragraph 9). Where the application is granted a further £1,550 in connection with the maintenance of the authorisation is to be paid.</p>	

Part F	Competent Authority Address
<p>Insolvency Practitioner Unit 1st Floor Fermanagh House Ormeau Avenue Belfast BT2 8NJ</p>	