

**THE INSOLVENCY ACT**  

---

**IN THE HIGH COURT OF KENYA**  

---

**APPLICATION FOR RENEWAL OF AN INSOLVENCY PRACTITIONER LICENSE**

**A. PERSONAL INFORMATION**

Full name:

Title:

Nationality:

ID No.:

Passport No.:

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. \*IPL number:

\*Insolvency Practitioner License Number

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:

### C. SUITABILITY

Since your last application:

(a) How many hours of Insolvency work have you undertaken?

(b) How many appointments have you heard? Please complete the following table in respect of your insolvency appointments

Type of insolvency	No of open cases as at 1 <sup>st</sup> January 2016	No of new cases	No of cases closed	No of open cases as at the date of completion of this form
Administrations				
Administrative receiverships				
Company voluntary arrangements				
Members' voluntary liquidations				
Creditors' voluntary liquidations				
Compulsory winding-ups				

Bankruptcies				
Individual voluntary arrangements				
Trust deeds				
Sequestrations				
Fixed charge receiverships				
Partnership voluntary arrangements				
<b>TOTALS</b>				

- (c) How many appointments do you currently hold? Please attach a complete list of all appointments currently held.
- (d) How many cases where you were appointed office-holder more than five years ago? Please list below all open cases where you were appointed office-holder more than five years ago (continue on a separate sheet if necessary).

<b>Name of case</b>	<b>Type of insolvency appointment</b>	<b>Date of appointment</b>

- (e) 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?
- (f) Have you had any judgments entered against you; and are there any still outstanding?
- (g) 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?
- (h) Have you been refused admission to, or been removed from, any professional body or similar association; or is there any action pending?

- (i) 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?
- (j) 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?
- (k) Have you been convicted of any criminal offence, other than a minor motoring offence not resulting in disqualification; or are there any proceedings pending?
- (l) 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?
- (m) 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?
- (n) Do you, or your firm have Professional Indemnity Insurance (PII) cover 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.
- (o) 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.

**D. DECLARATION**

1. I hereby apply for a renewal of my 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):

- List of all appointments currently held.
- Copy of Professional Indemnity Insurance and bond.
- 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**