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**INSOLVENCY PRACTITIONERS ASSOCIATION OF MALAYSIA
(PERSATUAN PENGAMAL INSOLVENSII MALAYSIA)**

APPLICATION FOR ADMISSION

(Please tick the relevant box)

- Class A Full Member
 Class B Full Member
 Associate Member

1. I, _____ of _____
(FULL NAME)

(ADDRESS)

hereby apply to be admitted as a member of the Insolvency Practitioners Association of Malaysia (IPAM) and to be classified as such or any other classification as approved by the Council of IPAM.

2. I certify that this is the first time I am applying to be a member.

3. My professional qualification(s) or equivalent is as follows: _____

4. I am a member of the following professional body(ies) with the membership no. (if applicable): _____

5. I enclose RM _____ (Bank : _____, Cheque No. _____) as payment of the admission fee and the subscription for _____ (Year). I understand that all entrance, admission, subscription and/or other fees paid and/or payable by me to IPAM is only in respect of my membership with IPAM and does not entitle me to be a member of any other professional body/organization, including INSOL International. In the event that I wish to be a member of any other professional bodies/organizations such as INSOL International, such fees as required by the professional body/organization shall be paid by me separately.

* Photocopy of all relevant Certificates to be certified. Please see "Directions" below

10. Have you been reprimanded by any professional body(ies) and/or regulatory authority(ies) in any other country resulting in suspension of membership, suspension/revocation of practitioner's licence, being disqualified as a member, disqualified to act in any professional capacity, disbarred or other similar disciplinary reprimands?
 +Yes / No.

If yes, give details: _____

11. a) Liquidator Licence No. _____ Expiry Date: _____
 (Applicants with Liquidator Licence are not required to complete Section (b) below.)

b) Give brief description of experience:

Position Held Chronologically with Dates	Name and Address of Employer	Brief Description Of Main Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(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 IPAM but originals must be produced for inspection.)

12. 2 character referees (not close relatives).

(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 person to
 (LENGTH OF TIME)

be registered as a member of the IPAM.

Signature : _____ Date : _____

(ii) 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 person to
 (LENGTH OF TIME)

be registered as a member of the IPAM.

Signature : _____ Date : _____

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 Council of the IPAM in making a decision on the application.

I, _____ :
(Name, Address and Occupation)

- i) Declare that the information contained in this application is true to the best of my knowledge, information and belief; and
- ii) By signing this application form, agree that IPAM may collect, use and disclose my personal data, as provided in this application form or obtained by IPAM as a result of my membership, for the purposes of processing this membership application and the administration of the membership within IPAM.

Signature

Declared at _____ the _____ day of _____

Before me

Signature

Name of Chartered Accountant/Advocate & Solicitor

** Delete as appropriate*

Please give full details of investigation/complaint and your defence

DIRECTIONS

1. An individual is eligible to become a Full Member if he/she, amongst others:
 - (i) Has satisfied the Council, by producing such evidence as the Council may require, that:
 - (a) He/She has a substantial experience of more than 5 years in Malaysian insolvency law and/or restructuring law and/or insolvency administration and a thorough working knowledge of the technical provisions relating thereto; or
 - (b) He/She holds a liquidator's licence under the relevant section of the Companies Act 1965 or the Companies Act 2016 or any equivalent or subsequent legislation applicable for the time being in Malaysia;
 - (ii) Provides the Council with the name and contact details of a Full Member (Class A Full Member, if the individual is applying to be a Class A Full Member, or a Class A or Class B Full Member if the individual is applying to be a Class B Full Member) who has agreed to act as referee for the purposes of the applicant's application; and
 - (iii) If the Council deems it appropriate for the admission of Full Members, for the individual to pass an admission examination to be set by the Council on Malaysian insolvency law and/or restructuring law and/or insolvency administration and the technical provisions relating thereto
2. An individual shall be eligible to become a Class A Full Member if he meets all the criteria (including those set out in (1) above) and in addition, holds a current and valid liquidator's license from the Government of Malaysia ("Liquidator Licence).
3. If an individual meets all the criteria (including those set out in (1) above) but does not hold a Liquidator License, he/she shall only be eligible to become a Class B Full Member.
4. An individual who is not qualified to be a Full Member of either Class A or Class B shall be eligible to become an Associate Member if he/she, amongst others:
 - (i) Has satisfied the Council, by producing such evidence as the Council may require, that he/she has sufficient experience, gained in private practice or in a judicial or academic capacity, in insolvency and/or restructuring law and/or insolvency administration in Malaysia or a jurisdiction outside of Malaysia; and
 - (ii) Provides the Council with the name and contact details of a Full Member who has agreed to act as a referee for the purposes of the applicant's application.
5. When submitting your application, please ensure that your application form has been correctly completed and that the following are enclosed:
 - (i) Certified true copies of your certificates, including transcript / notification of results. Photocopies to be certified by a member/associate/fellow of ⁺IPAM / MIA / MICPA / Bar Council.
 - (ii) 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 member / associate / fellow of ⁺IPAM / MIA / MICPA / Bar Council.

(iii) Fee payable:

FEES PAYABLE FOR FULL / ASSOCIATE MEMBERS

	RM
Admission Fee – Full / Associate	100.00
Annual Subscription - Full	300.00
Annual Subscription – Associate	100.00

(iv) Details of the insolvency jobs that you have previously handled, indicating:

- (a) the level and extend of your involvement in the conduct of the jobs; and
- (b) 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.

- 6. A person who is admitted on/after the 1st day of July in any year shall pay only half the subscription that is payable for a year.
- 7. The cheque for the required fees should be crossed A/C Payee only and made payable to the “Insolvency Practitioners Association of Malaysia” or “IPAM”.

**Delete as appropriate*