



# Triennial statement by a liquidator

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

## Lodgement details

Who should ASIC contact if there is a query about this form?

Name

ASIC registered agent number (if applicable)

Telephone number

Postal address

Please provide an estimate of the time taken to complete this form.

 hrs  mins

## 1 Liquidator details

Liquidator registration number

Family name

Given name

Residential address and contact details

Unit, level

Street number and street name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

Telephone number

Facsimile number

Email address

Date of birth

Date of birth

  /   /    
[D] [D] / [M] [M] / [Y] [Y]

## 2 Period of statement

From

  /   /    
[D] [D] / [M] [M] / [Y] [Y]

to

  /   /    
[D] [D] / [M] [M] / [Y] [Y]

### 3 Current status of practice

Are you still practising as a liquidator?

Yes

No

If no, please complete a Form 905A *Notification of ceasing to act as or change to details of a liquidator* and lodge this with ASIC together with the applicable fee.

### 4 Capacity in which liquidator is practising

Please indicate the capacity in which you are now practising.

Sole trader

Employee of a partnership

Employee of a company

Partner in a partnership

Director of a company

Other, please specify

Date commenced in current practice

/   /

[D] [D] / [M] [M] / [Y] [Y]

How many professional insolvency staff does your practice employ? Please provide your answer in terms of full time equivalents.

Provide the number of unfinalised external administrations to which you have been appointed that are on hand at the end of the period covered by this statement.

### 5 Practice details – principal place of practice as a liquidator

Regardless of the type of practice and whether you are an owner, director or employee, complete these details

ABN/ACN

Business name/Firm name/Company name (if applicable)

Business registration number (if applicable)

State/Territory of registration

Office, unit, level

Street number and street name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

Telephone number

Facsimile number

Email address

## 6 Practice details – any other place of practice as a liquidator

If you practice as a liquidator in other entities or locations, complete these details.

ABN/ACN	
<input type="text"/>	
Business name/Firm name/Company name (if applicable)	
<input type="text"/>	
Business registration number (if applicable)	State/Territory of registration
<input type="text"/>	<input type="text"/>
Office, unit, level	
<input type="text"/>	
Street number and street name	
<input type="text"/>	
Suburb/City	State/Territory
<input type="text"/>	<input type="text"/>
Postcode	Country (if not Australia)
<input type="text"/>	<input type="text"/>
Telephone number	Facsimile number
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	

## 7 Professional membership

Are you a member of a professional accounting body or other industry body?

Yes                       No

    ↳ If yes, please select which professional bodies

CPA Australia

National Institute of Accountants

The Institute of Chartered Accountants in Australia

Insolvency Practitioners Association of Australia

Other, please specify

    ↳

## 8 Continuing professional education

How many hours of insolvency-related continuing professional education have you undertaken in the period covered by this statement?

Have you participated in any of the following activities during the period covered by this statement?

Specialist insolvency conferences/discussion groups/workshops/courses

Writing of technical papers or participation in technical committees

Private study of insolvency publications

Other, please specify

    ↳

# 9 Statement

## Residency

Are you currently resident in Australia?

Yes  No

Has there been any time in the period of this statement when you were not resident in Australia?

Yes  No

If yes, provide details:

Start date of overseas residency

/   /    
[D] [D] [M] [M] [Y] [Y]

End date, or expected end date of overseas residency

/   /    
[D] [D] [M] [M] [Y] [Y]

Place of overseas residency

Reasons for overseas residency


During the period when you were not resident in Australia, did you undertake any insolvency related work?

Yes  No

If yes, provide details:


## Disciplinary action

Were you disqualified from managing a corporation under Part 2D.6 of the Corporations Act during the period of this statement?

Yes  No

If yes, provide date of, and reason for disqualification

Date of disqualification

/   /    
[D] [D] [M] [M] [Y] [Y]

Reasons for disqualification


Were you excluded or suspended from practice as an auditor or liquidator, or subject to any other disciplinary action by any of the following bodies during the period of this statement?

- ASIC
- The Companies Auditors and Liquidators Disciplinary Board
- The Institute of Chartered Accountants in Australia/CPA Australia/National Institute of Accountants
- The Tax Agents Board
- Any other body having authority in Australia or elsewhere relating to the registration or disciplining of auditors or liquidators

Yes  No

If yes, provide date of, body and reason for exclusion or suspension

Date of exclusion or suspension

/   /    
[D] [D] [M] [M] [Y] [Y]

Body by which you were excluded or suspended

## 9 Continued... Statement

Disciplinary action

Reasons for exclusion or suspension


Do you have a status equivalent to that of an insolvent under administration under the law of a country other than Australia or under the law of an external territory ?

Yes  No

If yes, provide date of insolvency and jurisdiction

Date of insolvency

/   /    
[D] [D] [M] [M] [Y] [Y]

Jurisdiction

Do you have any legal or disciplinary proceedings pending against you that may result in action that would require disclosure under any of the above items ?

Yes  No

If yes, provide date proceedings commenced and nature of proceedings

Date proceedings commenced

/   /    
[D] [D] [M] [M] [Y] [Y]

Nature of proceedings


Convictions

Were you convicted of any offences, other than a traffic offence, during the period of this statement?:

Yes  No

If yes, provide date of conviction and description of offence

Date of conviction

/   /    
[D] [D] [M] [M] [Y] [Y]

Description of offence


Resignations/removals

Did you resign or were you removed from office as an auditor or external administrator during the period of this statement?

Yes  No

If yes, provide the following details for each resignation or removal

Name of body or entity audited or under external administration

ABN, ACN, ARSN, ARBN (if applicable)

Date of resignation/removal

/   /    
[D] [D] [M] [M] [Y] [Y]

Capacity resigned/removed from (auditor or external administrator)

## 9 Continued... Statement

Resignations/removals

Did you resign or were you removed?

Resigned  Removed

Reason for resignation /removal


Security

Have you lodged a performance bond with ASIC and maintained this bond during the period of this statement?

Yes  No

**Note:** If you have not lodged a performance bond with ASIC you must hold a relevant public practice certificate and professional indemnity insurance in accordance with all the requirements of current ASIC policy.

Public practice certificate

Do you hold a public practice certificate from:

- CPA Australia?  
 National Institute of Accountants?  
 The Institute of Chartered Accountants in Australia?  
 None of the above?

Professional indemnity insurance

Does your insurance cover meet all of the requirements of current ASIC policy?

Yes  No

Name of insurer

Name of placing broker (if applicable)

Policy number

Period of policy from

/   /    
 [D] [D] / [M] [M] / [Y] [Y]

to

/   /    
 [D] [D] / [M] [M] / [Y] [Y]

External administrations

Provide the following details in relation to external administrations under Chapter 5 of the Corporations Act in which you have played a significant role or participated in the conduct of, during the period of this statement. You need only provide this information for a maximum of 10 external administrations.

Name of body or entity under external administration	ACN (if applicable)	Type of appointment	Role in external administration

# 9 Continued... Statement

## Insolvency related activity

Did you engage in any of the following types of insolvency related activity during the period covered by this statement?

Advisory/workout/rehabilitation assignments

Yes  No

Formal appointments carried out under relevant legislation in foreign jurisdictions

Yes  No

Personal insolvency work

Yes  No

Work performed for ASIC

Yes  No

Preparing and/or presenting technical material

Yes  No

Other

Yes  No

If yes, please specify and explain connection with insolvency


Estimate the total number of hours you have spent on insolvency work or insolvency related activity during the period of this statement

Percentage\* of these hours spent working on external administrations under Chapter 5 of the Corporations Act

Percentage\* of these hours spent engaged in insolvency related activity not specifically connected with external administrations under Chapter 5 of the Corporations Act

\*Please note that these two percentages should add up to 100%

	Total hours
	% of total hours
	% of total hours

## Signature

This form must be signed by the registered liquidator.

### Declaration

I declare that to the best of my knowledge and belief, the information supplied in, and with, this document is complete and accurate.

### Acknowledgement

I acknowledge that the Australian Securities and Investments Commission may take action to verify that the statements and certifications made in this document are not false or misleading.

Name

Signature

Date signed

/   /    
[D] [D] [M] [M] [Y] [Y]

## Lodgement

Send completed and signed forms to:  
Australian Securities and Investments Commission,  
PO Box 4000, Gippsland Mail Centre VIC 3841.

### For help or more information

Telephone 03 5177 3988  
Email [info.enquiries@asic.gov.au](mailto:info.enquiries@asic.gov.au)  
Web [www.asic.gov.au](http://www.asic.gov.au)

## Guide: Triennial statement by a liquidator

This guide does not form part of the prescribed form. It is included by ASIC to assist you in completing and lodging the Form 908.

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<b>Signature</b>	This form must be signed by the registered liquidator
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<b>Lodgement fees</b>	The lodgement fee is \$135
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<b>Lodgement period</b>	Within one month of the anniversary of your registration as a liquidator.
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<b>Late fees</b>	<p>Late fees will apply if you notify a change outside of the lodgement period.</p> <p>The late fees are:</p> <ul style="list-style-type: none"><li>• \$65 for up to one month late</li><li>• \$270 for over one month late.</li></ul> <p>A form is not considered lodged until it is received and accepted by ASIC as complying with s1274(8) of the Corporations Act 2001. A receipt will not be issued unless requested.</p>
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<b>Lodgement details</b>	<p>To estimate the time taken to complete the form (in the lodgement details section), please include:</p> <ul style="list-style-type: none"><li>• the time actually spent reading the instructions, working on the question and obtaining the information</li><li>• the time spent by all employees collecting and providing this information.</li></ul>
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<b>How to provide additional information</b>	<p><b>Photocopied Form 908 pages</b> If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement.</p> <p><b>Attachments</b> Attachments must be labelled in the approved form.</p> <p><b>Sample</b></p> <table border="1"><tr><td>Liquidator name:</td></tr><tr><td>Attachment name:</td></tr><tr><td>Number of pages:</td></tr><tr><td>Date prepared:</td></tr><tr><td>Special status (if any) eg Commercial-in-Confidence, Draft only, etc :</td></tr></table>	Liquidator name:	Attachment name:	Number of pages:	Date prepared:	Special status (if any) eg Commercial-in-Confidence, Draft only, etc :
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Number of pages:						
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<b>Lodgement</b>	<p>Send completed and signed forms to: Australian Securities and Investments Commission, PO Box 4000, Gippsland Mail Centre VIC 3841.</p>	<p><b>For help or more information</b> Telephone 03 5177 3988 Email <a href="mailto:info.enquiries@asic.gov.au">info.enquiries@asic.gov.au</a> Web <a href="http://www.asic.gov.au">www.asic.gov.au</a></p>
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