



Form 903B

Corporations Act 2001

Schedule 2 - Insolvency Practice Schedule (Corporations)

s20-5

Application for registration as 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?

Firm/organisation

Contact name/position description

ASIC registered agent number (if applicable)

Telephone number

Email address

Postal address

1 Applicant details

Family name

Given names

Date of birth

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

Place of birth (Town/City)

(State/Country)

Residential address

Street number and street name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

Employment

Present business or employment

If a partner - name of partnership. If an employee - name of employer. If a sole practitioner - trading name.

Organisation name

ABN (if no ABN assigned, provide ACN or ARBN)

Date joined

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

Name of practice

If you are a sole practitioner or an employee and conduct business under a name other than your own, you may need to answer 'Yes' to this question.

Are you practising or do you intend to practise as a liquidator under a name other than your own name or the organisation name provided above?

- Yes No
- If yes
- Current Proposed

Name

Business registration number (if applicable)

2 Application

Tick one box.

I apply:

- for registration under the Corporations Act 2001 as a liquidator registered to practise as an external administrator of companies, receiver and receiver and manager
- for registration under the Corporations Act 2001 as a liquidator registered to practise only as a receiver and receiver and manager
- for registration under the Corporations Act 2001 as a liquidator registered to practise only as a restructuring practitioner for a company or for a restructuring plan

3 Principal place of practice

- Current Proposed

At the office of, C/- (if applicable)

Office, unit, level

Street number and street name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

Phone number

Mobile number

Email address

4 Other place of practice

Complete if you have another place of practice

- Current Proposed

At the office of, C/- (if applicable)

Office, unit, level

Street number and street name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

Phone number

Mobile number

Email address

5 Additional other place of practice

Complete if you have another place of practice

Current

Proposed

At the office of, C/- (if applicable)

Office, unit, level

Street number and street name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

Phone number

Mobile number

Email address

If you have further additional other places of practice to add, please copy this page and annex the completed pages to this form.

6A Requirements for registration to practice as external administrator of companies, receiver and receiver and manager or for registration to practise only as a receiver and receiver and manager

6.1 Do you hold a tertiary qualification that includes at least 3 years of full-time study (or its equivalent) in commercial law and accounting?

Yes No

6.2 Have you completed the academic requirements for at least 2 course units accredited under the Australian Qualifications Framework Level 8 (or equivalent study) in the practice of external administrators of companies, receivers, receivers and managers and trustees under the *Bankruptcy Act 1966*?

Yes No

6.3a For registration as an external administrator of companies, receiver and receiver and manager
Have you during the 5 years immediately preceding the day on which this application is made, been engaged in at least 4000 hours of relevant employment at a senior level (see Insolvency Practice Rule (Corporations) s20-1(3))?

Yes No

6.3b For registration as a receiver and receiver and manager
Have you during the 5 years immediately preceding the day on which this application is made, been engaged in at least 4000 hours of relevant employment at a senior level (see Insolvency Practice Rule (Corporations) s20-1(4))?

Yes No

Provide documentary evidence of the above with the application by providing all attachments listed in section 9 of this application form

6B Requirements for registration to practice only as restructuring practitioner for a company or for a restructuring plan

6.4 Are you a member of either Chartered Accountants Australia and New Zealand (CAANZ), CPA Australia Ltd (CPA Australia) or the Institute of Public Accountants (IPA)?

Yes No

6.5 Do you hold a current Certificate of Public Practice issued by CAANZ or a Public Practice Certificate issued by CPA or issued by IPA?

Yes No

6.6 Are you entitled to use any of the letters 'CA', 'FCA', 'CPA', 'FCPA', 'FIPA' or 'MIPA' in connection with the membership at 6.4 above?

Yes No

6.7 Are you subject to, and compliant with CAANZ, CPA Australia or IPA continuing professional education requirements?

Yes No

6.8 Have you been involved in providing professional services that demonstrate your capacity to perform the functions and duties of a restructuring practitioner for a company and for a restructuring plan?

Yes No

Provide documentary evidence of the above with the application by providing all attachments listed in section 9 of this application form

7 Additional information

- 7.1 Do you have or will you take out adequate and appropriate professional indemnity and fidelity insurance against the liabilities that you may incur working as a registered liquidator (see RG258)?
 Yes No
- 7.2 Have you been convicted, within 10 years before making this application, of an offence involving fraud or dishonesty?
 Yes No
- 7.3 Are you now, or have you been within 10 years before making this application, an insolvent under administration?
 Yes No
- 7.4 Have you had your registration as a liquidator under the Corporations Act 2001 cancelled within 10 years before making this application, other than in response to a written request by you to have the registration cancelled?
 Yes No
- 7.5 Have you had your registration as a trustee under the Bankruptcy Act 1966 cancelled within 10 years before making this application, other than in response to a written request by you to have the registration cancelled?
 Yes No
- 7.6 Are you disqualified from managing corporations under Part 2D.6 of the Corporations Act 2001, or under a law of an external Territory or a law of a foreign country?
 Yes No
- 7.7 Have you ever been refused membership of a relevant professional body?
 Yes No
- 7.8 Have you ever been subject to any legal or disciplinary action from a relevant professional body?
 Yes No
- 7.9 Are you resident in Australia?
 Yes No

If you answered 'Yes' to any of the above questions, please provide written details as outlined in RG258.

8 Declaration

I understand that ASIC may contact overseas authorities to enquire about my solvency status and any criminal record.

I confirm that all the information contained in my application (including any attachments) is true and correct as at the date of signing this application.

I provide the information within this application (including any attachments) in the clear understanding that, should it be incorrect, then if my application is granted, ASIC would be entitled under the provisions of the Corporations Act to refer this to a Disciplinary Committee for consideration.

I also understand that any false or misleading statement made in this application (including any attachments) may constitute a breach of the Corporations Act and result in prosecution or referral to a Disciplinary Committee.

Name

Signature

Date signed

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

9 Attachments

You will need to compile all the necessary documents to support this application before submitting it to ASIC.

See the 'Liquidator registration checklist' for the documents to accompany this application.

You can find further information and resources at <http://asic.gov.au/liquidator-registration>

Lodgement

Send a scanned copy of all supporting documents and a scanned copy of the signed application form by email to:

LiquidatorRegistrationProofs@asic.gov.au.

The size limit of each email we will accept is 10MB.

If necessary, to meet size limits, please send multiple emails containing supporting documents. Make sure that you include the applicant name in the subject line of each email.

Alternatively, post all documents to:

Licensing

Australian Securities & Investments Commission

GPO Box 9827

MELBOURNE VIC 3001

For help or more information

Web www.asic.gov.au

Need help? www.asic.gov.au/question

Telephone 1300 300 630