



Notice by New Zealand Insolvency Practitioner to be registered as a Registered Liquidator in Australia

1. Lodgement details

Postal address

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

Firm/organisation

Contact name/position

Telephone number

Email address

Street number and street name

City/ Suburb

State

Postcode

2. Applicant details

Residential address

Employment details

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

Family name

Given name

Date of birth

DD

MM

YY

Place of birth

Street number and street name

City/ Suburb

State

Postcode

Organisation name

Date joined

DD

MM

YY

3. Name and place of practice in Australia, if any.

Postal address

Firm/organisation

Contact name/position

Telephone number

Email address

Street number and street name

City/ Suburb

State

Postcode

4. Details of participating jurisdictions (including New Zealand) where the applicant is registered as an insolvency practitioner (or an equivalent occupation)

Note: A participating jurisdiction is:

- a. New Zealand, while there is in force an Act of its Parliament that corresponds to this Act; or
- b. the Commonwealth; or
- c. a State (other than a Territory) for which there is in force an Act of its Parliament that refers to the Parliament of the Commonwealth the power to enact this Act, or that adopts this Act, under paragraph (xxxvii) of section 51 of the Commonwealth Constitution; or
- d. a Territory (being the Australian Capital Territory or the Northern Territory) for which there is in force an Act of its legislature that requests the Parliament of the Commonwealth to enact this Act or that enables this Act to apply in relation to it.

5. I state that:

- a. I am registered as an insolvency practitioner in New Zealand;
- b. I am seeking registration as a registered liquidator in accordance with the Trans-Tasman mutual recognition principle;
- c. in item 4 of this notice, I have specified all the participating jurisdictions (including New Zealand) where I am registered as an insolvency practitioner or an equivalent occupation. I have not included any participating jurisdiction where I only have a deemed registration;
- d. I am not the subject of disciplinary proceedings in New Zealand or any other participating jurisdiction (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to my registration as an insolvency practitioner or an equivalent occupation;
- e. my registration as insolvency practitioner or equivalent occupation in New Zealand or any other participating jurisdiction is not cancelled or currently suspended as a result of disciplinary action;
- f. I am not otherwise personally prohibited from carrying on such occupation as an insolvency practitioner or an equivalent occupation in New Zealand or any other participating jurisdiction, and am not subject to any special conditions in carrying on that occupation, as a result of criminal, civil or disciplinary proceedings in any participating jurisdiction; and
- g. each special condition to which I am subject in carrying on my occupation as an insolvency practitioner or equivalent occupation in New Zealand or any other participating jurisdiction is set out in item 6 of this notice.

6. Special condition on registration in New Zealand or any other participating jurisdiction (if applicable)

Set out details of the types of insolvency engagements the applicant is authorised to undertake under its registration in New Zealand (or any other participating jurisdiction), and any special conditions to which the applicant is subject in carrying on any such occupation in New Zealand or any other participating jurisdiction.

7. Consent to making of inquiries

I give consent to the making of inquiries of, and the exchange of information with, the authorities of New Zealand and any other participating jurisdiction regarding my activities as an insolvency practitioner (or equivalent occupation) or otherwise regarding matters relevant to the notice.

8. Attachments

- a. Attach an original or certified copy evidencing the registration to act as an insolvency practitioner (or equivalent occupation) in New Zealand and each other participating jurisdiction.
- b. Attach details of appointments you have undertaken in the 5 years immediately preceding the day on which you submitted this Notice.
- c. Provide detail of your professional indemnity insurance and fidelity insurance policies that you have taken out against the liabilities you may incur working as a registered liquidator in Australia that meet the requirements of **Regulatory Guide 258 Registered liquidators: Registration, disciplinary actions and insurance requirements**.

9. Certification as to documents evidencing registration

I certify that, for my existing registration as an insolvency practitioner (or equivalent occupation) in New Zealand or a participating jurisdiction, each document attached in accordance with item 8 of this notice is the original document or a complete and accurate copy of the original document.

Name

Signature

Date signed

DD MM YY



Commonwealth of Australia

STATUTORY DECLARATION

Statutory Declarations Act 1959

- 1. Insert the name, address and occupation of person making the declaration**

I,

Name

Address

Occupation

make the following declaration under the Statutory Declarations Act 1959:

- 2. Set out matter declared to in numbered paragraphs**

- a. I am the applicant referred to in this notice.
- b. The statements, certification and other information provided in this notice and its attachments are true and correct to the best of my knowledge and belief.
- c. I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.

- 3. Signature of person making the declaration**

Signature

Signature of person making the declaration

- 4. Optional: email address and/or telephone number of person making the declaration**

Email address [Optional]

Telephone number [Optional]

- 5. Place, Day, Month and year**

Declared at

on

at

- 6. Signature of person before whom the declaration is made**

Before me

Signature of person before whom the declaration is made

- 7. Full name, qualification and address of person before whom the declaration is made**

Full name

Qualification

Address

- 8. Optional: email address and/or telephone number of person before whom the declaration is made**

Email address [Optional]

Telephone number [Optional]

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the Statutory Declarations Act 1959.

Note 2 Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 — see section 5A of the Statutory Declarations Act 1959.