APPLICATION FOR AN INSOLVENCY LICENCE

(Incorporating application for Affiliate status)

The Insolvency Act 1986 (‘the Act’) and Insolvency (Northern Ireland) Order 1989 (‘the Order’) (together ‘the Acts’) require individuals wishing to act as insolvency practitioners to be authorised by a Recognised Professional Body (RPB). ICAS is a RPB under the Acts. The Acts require ICAS, as an RPB, to maintain and enforce rules to ensure that those acting as insolvency practitioners:

• are fit and proper; and

• have adequate training and experience.

If you are not an ICAS member, ICAS may authorise you to undertake insolvency work as an Affiliate insolvency practitioner.

All applicants must be able to satisfy the Authorisation Committee (“the Committee”) that they are a fit and proper person when the Committee consider applications for an insolvency licence.

1. Please refer to the ICAS [website](https://www.icas.com/regulation/how-to-become-an-icas-insolvency-practitioner) for guidance.
2. Save this form to your computer. Fill it in electronically, using the TAB key to move from one answer to the next. Save it again, print it, sign it and send it to the address at the end of the form.
3. If you need more space for an answer, please attach additional sheets.
4. If you have any questions as you fill in the form, please call +44 (0)131 347 0288.

**Applicants should refer to the** [**Eligibility for Insolvency Authorisation**](https://www.icas.com/regulation/eligibility-for-insolvency-authorisation) **information for detailed ICAS requirements prior to completing this application.**

**If you are seeking to move your authorisation from another RPB, you should make sure we receive your application in sufficient time for us to process your form before your existing licence expires. You cannot act as an IP if your licence expires and you have not yet been issued with another one.**

# Applicant details

|  |  |
| --- | --- |
| * 1. Please provide your personal details below. |  |
| Title  (if ‘Other’ please state) | Choose an item.  Click or tap here to enter text. |
| Surname | Click here to enter text. |
| First names | Click here to enter text. |
| Firm | Click here to enter text. |
| Position | Click here to enter text. |
| Business address | Click here to enter text. |
| Business telephone number | Click here to enter text. |
| Business email address | Click here to enter text. |
| Home address | Click here to enter text. |
| Home telephone number | Click here to enter text. |
| Home email address | Click here to enter text. |
| Please indicate your preferred mailing address option | Choose an item. |
| Date of birth | Click or tap to enter a date. |
| * 1. Do you currently hold, or have you previously held, an insolvency licence?   If no, please go to Q 1.3 | Yes  No |
| If yes, select which body from the drop down menu. | Choose an item. |
| When does/did it expire? | Click here to enter a date. |
| * 1. Have you had a previous application rejected?   If no, please go to Q 1.4 | Yes  No |
| If yes, on what grounds? | Click here to enter text. |
| * 1. Is this your first application to ICAS for an insolvency licence? | Yes  No |
| * 1. Are you applying for an appointment taking licence or a non-appointment taking licence?   If applying for a non-appointment taking licence, please go to Q 1.7 | Choose an item. |
| * 1. Do you currently hold appointments in your own name or do you intend to take appointments? | Yes  No |
| If yes, do you have an Enabling Bond? | Yes  No |
| If yes, please **attach** a copy.  If no, please provide an explanation.  Click or tap here to enter text. | |
| * 1. Are you applying for partial authorisation? | Yes  No |
| If yes, please choose which type of partial authorisation you are applying for. | Choose an item. |
| * 1. If you want your insolvency licence to start from a date other than 1 January in the next calendar year, please provide the date from which you want your insolvency licence with ICAS to start. | Click here to enter a date. |
| * 1. Please provide details of insolvency practitioner(s) to whom you are responsible (if applicable) and their RPB**.**   Click here to enter text. | |
| * 1. Describe the nature of your own duties and responsibilities in relation to work undertaken by you for the above named insolvency practitioner(s).   Click here to enter text. | |
| * 1. Where you neither take appointments in your own name nor assist another insolvency practitioner, provide a brief explanation of the type of work you do.   Click or tap here to enter text. | |
| * 1. Are you covered under a professional indemnity insurance policy (PII) that is current and meets the requirements of ICAS? | Yes  No |
| If yes, please **attach** details.  If no, please provide an explanation.  Click or tap here to enter text. | |

# Experience

**This section must be completed by all applicants.**

A total of 450 chargeable hours achieved during a three-year period immediately prior to initial application for a licence will meet the minimum experience requirement for the grant of a licence, provided that at least 100 hours are achieved in each year. These hours can be made up of category (A), (B) and (C) experience (see [Eligibility for Insolvency Authorisation](https://www.icas.com/regulation/eligibility-for-insolvency-authorisation) for details of work included in each category). An individual applying for partial authorisation will need to be able to demonstrate that the hours of experience were obtained substantially in respect of either personal or corporate work, as appropriate to the area in which authorisation is being sought.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please specify the date of the end of the latest year. | | | Click here to enter a date. | |
|  | **Insolvency Work** | | **Advisory work** |  |
| **Periods in which experience gained** | **(Category A)** | **(Category B)** | **(Category C)** | **Total** |
| Click here to enter text. | Click or tap here to enter text. | Click here to enter text. | Click here to enter text. | 0 |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | 0 |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | 0 |
| **Total for last three years** | 0 | 0 | 0 | 0 |
|  | | | | |

|  |
| --- |
| If you do not meet the minimum experience requirements, please provide an explanation in compensation for the shortfall.  Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Please demonstrate, by ticking the boxes below, the insolvency procedures you have experience of. | | | |
|  | Scotland | England & Wales | Northern Ireland |
| Court/Compulsory Liquidation |  |  |  |
| Creditors’ Voluntary Liquidation |  |  |  |
| Members’ Voluntary Liquidation |  |  |  |
| Receivership/Administrative Receivership |  |  |  |
| Sequestration/Bankruptcy (1985 Act and the Acts) |  |  |  |
| Trust Deed/Individual Voluntary Arrangement |  |  |  |
| Composition or Scheme for Individuals |  |  |  |
| Company Administration |  |  |  |
| Company Voluntary Arrangement |  |  |  |
| Court Reporter |  |  |  |
| Other – please specify  Click or tap here to enter text. | | | |
| If you wish any special factors to be taken into account in support of your application, please **attach** a schedule or letter setting out the details. | | | |

**Applicants for a non-appointment taking licence should go to Section 5.**

# Details of current caseload

**This section must be completed by appointment holders.**

|  |  |  |
| --- | --- | --- |
| **Current personal appointments** | **Current corporate appointments** | **Number of appointments over five years old** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

# Alternate

**This section must be completed by appointment holders and those who intend to take appointments.**

|  |  |
| --- | --- |
| Insolvency Practitioners are required, in terms of the [Required Standards of Insolvency Practice](https://www.icas.com/regulation/standards-of-insolvency-practice), to have arrangements in place to ensure that their insolvency cases are progressed in the event of their prolonged incapacity or death, or where their cases require to be transferred to another insolvency practitioner. | |
| Do you have an alternate arrangement in place? | Yes  No |
| Please confirm the name and address of the individual who has agreed to act as your alternate or other detail of the alternate arrangement. | Click here to enter text. |
| Has the continuity agreement entered into been documented in writing? | Yes  No |
| Confirm the date of the agreement (*the reviewers may ask to see a copy*). | Click here to enter a date. |

# Consumer Credit

**This section must be completed by all applicants.**

**Information on** [**consumer credit licencing**](https://www.icas.com/regulation/consumer-credit) **is available on icas.com**

|  |  |
| --- | --- |
| * 1. Do you conduct any regulated consumer credit activities that are not covered by the insolvency exclusion?   *Note: This may include, for example, Debt Arrangement Schemes (DAS), other non-statutory debt solutions, or providing debt advice without reasonable contemplation of an appointment.*  If no, please go to Section 0. | Yes  No |
| * 1. Has your firm obtained a consumer credit licence with the Financial Conduct Authority (FCA)?   If yes, please go to Section 0. | Yes  No |
| * 1. Do all your activities meet the incidentality requirements for applying the [ICAS DPB (Consumer Credit) Handbook](https://www.icas.com/__data/assets/pdf_file/0005/236264/Designated-Professional-Body-Consumer-Credit-Handbook.pdf)? | Yes  No |

# 

# Data Protection Act

|  |  |
| --- | --- |
| This question to be answered by all applicants Is your Firm registered under the Data Protection Act?  If you are applying for a non-appointment taking licence, please go to Section 7 | Yes  No |
| **This question to be answered by appointment holders**  Are you personally registered as a data controller under the Data Protection Act? | Yes  No |

# Other initial applicant information

**This section must be completed by all applicants.**

|  |  |
| --- | --- |
| * 1. Do you hold a pass in the relevant Joint Insolvency Examination paper(s)?   If no, please go to Q 7.3 | Yes  No |
| Please give the year in which you passed the relevant paper(s).   * Personal paper * ACVAR paper * Liquidation paper | Click here to enter text.  Click here to enter text.  Click here to enter text. |
| * 1. If you passed the Personal Insolvency Paper of the Joint Examination Board before December 2007, or you obtained your licence prior to 2007 and you hold or intend to hold appointments as trustee in Trust Deeds or nominee/supervisor in Individual Voluntary Arrangements, please confirm that you have attended training and have knowledge of non-statutory debt solutions to the extent covered by the current syllabus of the Joint Insolvency Examination Board.   Please go to Section 8. | Yes  No |
| * 1. In the case of eligible applicants from other member states of the European Economic Area, do you comply with the requirements of The European Communities (Recognition of Professional Qualifications) Regulations 2007? | Yes  No |
| * 1. If you are not resident in the United Kingdom and have not passed the JIEB examination, please provide details to show that you have been awarded professional or vocational qualifications which indicate that you have the knowledge and competence that is attested to by a pass in that examination.   Click here to enter text. | |

|  |  |
| --- | --- |
| References Two references, one technical reference and one character reference will be required. Suitable referees are another IP, an ICAS member or another professional such as a qualified accountant or lawyer. References will be taken up directly by ICAS.  Your technical referee should be an individual who has knowledge of your insolvency work in the last three years. | |
| **Technical reference** | |
| Name | Click here to enter text. |
| Firm name | Click here to enter text. |
| Address | Click here to enter text. |
| Email | Click here to enter text. |
| How long has referee been known to you? | Click here to enter text. |
| In what capacity is the referee known to you?  (e.g. colleague, employer, personal, etc). | Click here to enter text. |
|  | |
| **Character reference** | |
| Name | Click here to enter text. |
| Firm name | Click here to enter text. |
| Address | Click here to enter text. |
| Email | Click here to enter text. |
| How long has referee been known to you? | Click here to enter text. |
| In what capacity is the referee known to you?  (e.g. colleague, employer, personal, etc). | Click here to enter text. |

# Fit and Proper

**This section must be completed by all applicants.**

**You must be able to demonstrate to the Committee that you are a “fit and proper” person.**

|  |  |  |
| --- | --- | --- |
| **Indicate whether you are or have been subject to any of the following:** | | |
| * Bankruptcy or a deed of arrangement | Yes | No |
| * Sequestration | Yes | No |
| * Trust deed or individual voluntary arrangement | Yes | No |
| * Partnership voluntary arrangement | Yes | No |
| * Scheme or composition relating to your financial affairs | Yes | No |
| * A moratorium period under a debt relief order | Yes | No |
| * A bankruptcy restrictions order or a debt relief restrictions order | Yes | No |
| **Have you:** | | |
| * Had an adverse finding made against you by ICAS or another professional body on disciplinary grounds? | Yes | No |
| **Have you been removed for misconduct under present or previous legislation from the office of:** | | |
| * Liquidator? | Yes | No |
| * Trustee? | Yes | No |
| * Administrator? | Yes | No |
| * Administrative receiver/receiver? | Yes | No |
| * Nominee of a voluntary arrangement? | Yes | No |
| * Supervisor of a voluntary arrangement? | Yes | No |
| * Or any office under any provision of the law of a country or territory outside the United Kingdom which corresponds to such legislation? | Yes | No |
| **Have you been the subject of a disqualification order under:** | | |
| * The Companies Act 2006 or previous company legislation? | Yes | No |
| * The Insolvency Act 1986 or Insolvency (Northern Ireland) Order 1989? | Yes | No |
| * The Company Directors Disqualification Act 1986 or Company Directors Disqualification (Northern Ireland) Order 2007? | Yes | No |
| * Any other enactment? | Yes | No |
| * Or any office under any provision of the law of a country or territory outside the United Kingdom which corresponds to such legislation? | Yes | No |
| **Have you been found to have knowingly and wilfully, in relation to the conduct of insolvencies as an office holder or potential office holder, infringed the requirements of:** | | |
| * The Bankruptcy (Scotland) Act 1985 (as from time to time amended)? | Yes | No |
| * The Companies Act 2006 or previous company legislation? | Yes | No |
| * The Insolvency Act 1986, Insolvency (Northern Ireland) Order 1989 or any other enactment? | Yes | No |
| * Or any office under any provision of the law of a country or territory outside the United Kingdom which corresponds to such legislation? | Yes | No |
| **Have you been director or officer, other than auditor, of a company:** | | |
| * Which has approved a voluntary arrangement under Part 1 of the Insolvency Act 1986 or Part II of the Insolvency (Northern Ireland) Order 1989? | Yes | No |
| * In relation to which an administration has been made? | Yes | No |
| * To which an administrative receiver or receiver has been appointed? | Yes | No |
| * Which has gone into insolvent liquidation? | Yes | No |

|  |  |  |
| --- | --- | --- |
| **Have you been:** | | |
| * Found guilty of or pleaded guilty to either a criminal or indictable offence? | Yes | No |
| * In the last five years in the United Kingdom or elsewhere, been the subject of any civil action relating to your professional or business activities which has resulted in a finding against you by a court, or a settlement being agreed? | Yes | No |
| * The subject of a successful claim for negligence in the conduct of an insolvency matter? | Yes | No |
| * Are you currently a patient within the meaning of section 239(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 or have had a guardian appointed to you under the Adults with Incapacity (Scotland) Act 2000 or lack capacity (within the meaning of the Mental Capacity Act 2005) to act as an insolvency practitioner? | Yes | No |
| **If you have answered “yes” to any of the above questions, please provide details.**  Click here to enter text. | | |
| **Note**  **There is no need to mention offences which are spent for the purposes of the Rehabilitation of Offenders Act 1974 or offences committed before the age of 17 (unless committed in the last ten years) and road traffic offences that did not lead to a disqualification or prison sentence.** | | |

# Undertakings

**This section must be completed by all applicants.**

**Please confirm each statement by ticking the box provided. All statements must be confirmed with the exception of bonding where only one should be confirmed.**

|  |  |
| --- | --- |
| I have read, understood, and undertake to comply with:   1. the ICAS [Rules and Regulations](https://www.icas.com/regulation/icas-charter-rules-and-regulations), 2. All insolvency legislation, [Statements of Insolvency Practice](https://www.icas.com/technical-resources/statements-of-insolvency-practice-sips) and Guidance Notes, 3. [Standards of Insolvency Practice](https://www.icas.com/regulation/standards-of-insolvency-practice),   and to supervise my staff to ensure such compliance by them. |  |
| I understand that ICAS, under the insolvency legislation, is able to make applications for the transfer of cases from insolvency practitioners whom it authorises and that such transfers may arise both during the period of a licence or after a member has ceased to be authorised.  I undertake to make funds available to cover the costs associated with the transfer of open insolvency cases to another insolvency practitioner in the event of my insolvency licence being surrendered, withdrawn or otherwise terminated. |  |
| ***I undertake to maintain an enabling bond*** under S390(3) of the Insolvency Act 1986 and Article 349(3) of the Insolvency (Northern Ireland) Order 1989 in compliance with the regulations set out in the Insolvency Practitioners Regulations 2005 or the Insolvency Practitioners Regulations (Northern Ireland) 2006 (as amended) ***and to provide evidence of its renewal and to obtain specific penalty under that bond for each relevant insolvency appointment held by me.*** |  |
| OR |  |
| ***I undertake to obtain an enabling bond*** under S390(3) of the Insolvency Act 1986 and Article 349(3) of the Insolvency (Northern Ireland) Order 1989 in compliance with the regulations set out in the Insolvency Practitioners Regulations 2005 or the Insolvency Practitioners Regulations (Northern Ireland) 2006 (as amended ***and to lodge it with ICAS before I accept any appointments and to obtain specific penalty under that bond for each relevant insolvency appointment held by me.*** |  |
| I undertake to pay the insolvency licence fee and any other relevant fees on demand. I understand that ceasing to be a licence holder does not remove my obligation to pay outstanding fees and to provide information and returns concerning appointments to ICAS. |  |
| **For Affiliate status applications only**  I understand that I am not entitled to call myself a Chartered Accountant and that Affiliate status does not confer any rights, acknowledgements, status or designatory letters on me or entitle me to be publicly represented as having such. |  |

# Declaration

**This section must be completed by all applicants.**

I apply for my insolvency licence, and undertake to provide any additional information required by the Committee under ICAS Insolvency Regulation 3.7.4.

I confirm to the best of my knowledge and belief the particulars given in this application are correct and that I know of no reason why I should not be considered a fit and proper person within the meaning of the Insolvency Act 1986 or Insolvency (Northern Ireland) Order 1989 to act as an insolvency practitioner. In particular, and without prejudice to the generality of this declaration, none of the factors set out in the [Eligibility for insolvency authorisation](https://www.icas.com/regulation/eligibility-for-insolvency-authorisation) guidance notes are relevant to this application.

I accept that ICAS is entitled to communicate to or request from any recognised body or relevant authority within the meaning of the Acts information which appears to be relevant to the discharge by that body or authority of its powers or duties under the Acts.

I confirm that I have met/will have met the [ICAS CPD](https://www.icas.com/regulation/icas-cpd-requirements) requirements for the period 1 January to 31 December.

I agree that the Committee, its members, staff, members of Council or Committees or any agent of ICAS, cannot be held liable in damages for anything done or not done in dealing with any of the functions connected with the granting of an insolvency Llcence or enforcing the terms and conditions of the insolvency licence unless the Act or omission is shown to have been carried out in bad faith.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_

**Any false, inaccurate or misleading information provided by you for an insolvency licence or failure to notify any material change in information provided may lead to refusal of a licence, or revocation of a granted licence, as well as disciplinary action in relation to, and suspension or withdrawal of your membership of ICAS.**

# Supporting documents

**Tick the appropriate box(es) to indicate any supporting documentation being attached to your application.**

|  |  |
| --- | --- |
| A CV outlining your insolvency experience. |  |
| A copy of your enabling bond (section 1 refers) |  |
| JIEB Certificate(s) or evidence of compliance with the requirements of The European Communities (Recognition of Professional Qualifications) Regulations 2007. |  |
| If applying for an appointment taking licence, are a Principal in a firm or provide other accountancy services, a copy of your Practising Certificate (ICAEW, CARB, ACCA members) |  |
| Special factors schedule/letter (section 2 refers) |  |
| A copy of your PII cover schedule (section 1 refers) |  |
| **Payment**  Please note payment should not be made until you have been notified that your application has been approved. Details of your licence insolvency licence fee and Affiliate fee (if applicable) will then be sent to you.  Payment can be made by BACS transfer directly to the following bank account, with your name and “IP application” in the transaction reference field:    Bank name: Royal Bank of Scotland  Sort code: 83-51-00  Account code:10633841  Account name: The Institute of Chartered Accountants of Scotland |  |
| When submitting your application form, please ensure you provide all supporting documentation. If we do not receive all the information we need, your application may be delayed.  Send your completed form to:  Email: [regulatoryauthorisations@icas.com](mailto:regulatoryauthorisations@icas.com)  Professional Standards Division  ICAS  CA House  21 Haymarket Yards  EDINBURGH  EH12 5BH |  |
| **Data Protection**  The personal data requested in this form is being collected to allow ICAS to fulfil its legitimate interests as a professional body and regulator of accountants. It is also required for the performance of tasks which are carried out in the public interest. It will be shared only so far as required to meet these purposes. ICAS is fully committed to handling personal data in accordance with data protection legislation and best data protection practices. Please review our privacy notice for more information:  <https://www.icas.com/privacy>. | |