

REPUBLIC OF TRINIDAD AND TOBAGO

The Bankruptcy and Insolvency Act, 2007
FORM 42
(Section 180(1) of the Act and Regulation 68(2))

APPLICATION FOR TRUSTEE LICENCE (INDIVIDUAL)

GENERAL INFORMATION

Candidate's Name (as you would like it to appear on a trustee licence)

Date of Birth

____ / ____ / ____

Family Name Given Name(s)

year month day

Other Previous Legal Names or Aliases

Business Address

Home Address

Telephone No.: _____

Telephone No.: _____

Fax No.: _____

Fax No.: _____

Email Address: _____

Current Employer

Employment Began

____ / ____ / ____

year month day

Professional organization(s) of which you are or were a member (if any)

ATTESTATION REGARDING PREREQUISITE QUALIFICATIONS

I hereby attest, pursuant to Regulations 67, 68 and 71 of the Bankruptcy and Insolvency Regulations, that:

- (a) I am not an undischarged bankrupt;
- (b) I am 18 years or older;
- (c) I am not mentally ill within the meaning of the Mental Health Act;
- (d) I am not disqualified from being a company director under the provisions of the Companies Act;
- (e) I meet the minimum criteria to be considered a fit and proper person under Schedule 3;
- (f) I am in good standing with and am not subject to any current disciplinary action by any professional organization of which I am or was a member;
- (g) I am a member of the Institute of Chartered Accountants of Trinidad and Tobago (ICATT) *or* Institute of Chartered Accounts of the Caribbean (ICAC) *or* Institute of Internal Auditors of Trinidad and Tobago (IIATT) *or* Association of Chartered Certified Accountants (ACCA) *or* the Law Association of Trinidad and Tobago (*delete whichever is not applicable*).

DECLARATION REGARDING REPUTATION

To assess whether you satisfy the reputation requirements under Regulations 68 and 72 of the Bankruptcy and Insolvency Regulations, please answer the following questions:

(a) Have you ever been found guilty of an indictable offence?

Yes No

If yes, please provide details on the nature of the offence(s):

(b) Have you ever been found guilty of professional misconduct by any professional organization of which you are or were a member?

Yes No

If yes, please provide details on the nature of the misconduct:

(c) Have you ever been in a state of insolvency?

Yes No

If yes, please provide details (estate name, estate number, district of the filing, date of discharge, etc.):

(d) Have you ever been a principal shareholder, director or officer of a bankrupt corporation?

Yes No

If yes, please provide details (corporation's estate name, estate number, district of the filing, date of discharge, etc.):

INCOMPATIBLE ACTIVITY

I attest that, should I be granted a trustee licence, I will not engage in an incompatible activity, including any activity that would or may be perceived to create a conflict of duties, compromise my ability to perform any professional engagement, or jeopardize my integrity, independence or competence.

CONSENT AND AUTHORIZATION

I hereby consent to and authorize the Office of the Supervisor of Insolvency to publish my name and contact information on the Trustee Registry that is posted on the website if I am granted a trustee licence.

CONSENT TO BE BOUND BY THE CODE OF ETHICS

I hereby consent to being bound by the code of ethics set out in Regulations 73 to 92 of the Bankruptcy and Insolvency Regulations. I understand that if I am found to have breached the code of ethics in any way the Supervisor is authorized to suspend or cancel my trustee licence as he deems appropriate.

DECLARATION AND SIGNATURE

I, the undersigned, do solemnly declare that I am the applicant named in this application and that the information set out in this application and in the attached documents is, to the best of my knowledge and belief, true, correct and complete in all respects, and that I agree to respect the conditions contained in this form if the Supervisor issues me a licence.

Dated at _____, this _____ day of _____.

Applicant's name in block letter

Signature of applicant

REQUIRED DOCUMENTATION

Please include the documents listed below with your application. If any items are not provided, please indicate the reason for the information being excluded and the date when it will be provided to the Office of the Supervisor.

- 1. A certificate of character from the Trinidad and Tobago Police Service.
- 2. Certificates you received from tertiary level institutions.
- 3. A detailed description of your relevant experience (see attached table).

Where you intend to practice either with a trustee firm (i.e., partnership or corporate licence) or as an employee of another trustee:

- 4. A supporting letter in which a partner or the employer undertakes to provide the necessary resources (work facilities, equipment and personnel) that will be required for the execution of your duties as a trustee, as well as insurance coverage (professional liability insurance **and** employee dishonesty (fidelity) insurance).
- 5. Two references signed by the respective referees who are familiar with your relevant experience.

In all **other** cases (to obtain authorization to begin accepting professional engagements):

- 6. A personal balance sheet.
- 7. Details of necessary resources (work facilities, equipment and personnel) that will be at your disposal during the execution of your duties as a trustee, and of banking arrangements.
- 8. Proof of insurance coverage (professional liability insurance **and** employee dishonesty (fidelity) insurance).

APPLICATION FOR A TRUSTEE LICENCE

BREAKDOWN OF AREAS OF EXPERIENCE IN INSOLVENCY MATTERS

Name of applicant: _____ **Firm:** _____

Please provide a list of main activities you performed in relation to each category of work listed below together with your best estimate as to the percentage (%) of time expended on the activities throughout the experience period.

Consumer bankruptcies

Proposals

Percentage of overall time during the year

Commercial bankruptcies

Percentage of overall time during the year

Interim Receiverships

Percentage of overall time during the year

Receiverships, etc

Percentage of overall time during the year

Percentage of overall time during the year

Other non-insolvency work (ie audit, tax, accounting, forensic accounting)

Percentage of time during the year _____

Total years experience: _____

I, the undersigned applicant for a trustee licence, hereby attest that the above information faithfully reflects my experience in insolvency matters and other fields during the periods indicated.

I, the undersigned, a trustee of the firm where the applicant is currently employed or associated, hereby attest that the information provided by the applicant, for the period of time with this firm, faithfully reflects the extent of his / her experience in insolvency matters and other fields.

Signature of applicant

Date: _____

Signature of Trustee

Trustee's name in block letters

Date: _____