**Registration Authority**

**Registration Form** – pursuant to the Insolvency Regulations (Insolvency Practitioner) Rules 2022 (the ”**Rules**”)

 *Introduction*

###

### In accordance with Section 289 of the Insolvency Regulations 2022, a natural person must be registered as an Insolvency Practitioner in accordance with the Rules in order to be appointed as a receiver, administrative receiver, administrator, liquidator or provisional liquidator or an administrator of a Deed of Company Arrangement under the Insolvency Regulations.

Please complete the following sections. All sections must be completed with the required information. Please use additional sheets of paper if required.

This form applies for registration of the Insolvency Practitioner applicants under the Rules.

 *Section 1: Details of the Insolvency Practitioner*

# Please provide the Insolvency Practitioner’s contact details:

|  |  |
| --- | --- |
| Name |   |
| Designation |   |
| Telephone |   |
| Email |   |

 *Section 2: Employment History*

# ***Details of Insolvency Practitioner’s current Employer:***

|  |  |
| --- | --- |
| Employer Name  |  |
| Capacity of Employment  |  |
| Registered Address of the Employer  |  |
| Correspondence Address of the Employer (if different from registered address) |  |
| Jurisdiction of Registration and Registered Number  |  |
| Date of Commencement of Employment  |  |

# ***Details of Insolvency Practitioner’s previous Employer:***

|  |  |
| --- | --- |
| Employer Name  |  |
| Capacity of Employment  |  |
| Registered Address of the Employer  |  |
| Jurisdiction of Registration and Registered Number |  |
| Date of Commencement of Employment  |  |
| End Date of Employment  |  |

**Note: Add more sections if required.**

***Guidance: The Insolvency Practitioner applicant must be in continued employment with, or a member, director or partner of, a firm, partnership or body corporate registered within or outside the ADGM capable of supporting the Insolvency Practitioner with the provision of Insolvency Practitioner Services (the “Employer”).***

 *Section 3: Professional Membership Details*

Please provide details of the current membership with a Recognised Professional Body.

|  |  |
| --- | --- |
| Name of Recognised Professional Body  |  |
| Membership number  |  |
| Title of the Membership as Printed on the Certificate  |  |
| Website Address of the Recognised Professional Body and Search on Public Register of the Member Details (if available)  |  |
| Date of Membership Granted  |  |
| Validity/End Date of Membership (if applicable)  |  |

**Note: Please attach a copy of the current membership certificate (if available).**

***Guidance:*** ***In the event that the Insolvency Practitioner applicant is not a member of a Recognised Professional Body at the time of the Insolvency Practitioner applicant’s application, the Insolvency Practitioner applicant must provide a written explanation to the Registrar, which must be to the Registrar’s satisfaction (in its discretion):***

1. ***as to why the Insolvency Practitioner applicant is not a member of a Recognised Professional Body, together with evidence of the last membership held by the Insolvency Practitioner applicant (if any); and***
2. ***which demonstrates that the Insolvency Practitioner applicant is fit and proper to be registered and to act as an Insolvency Practitioner and provide Insolvency Practitioner Services. This could include details concerning the Insolvency Practitioner applicant’s education, training, related work experience etc.***

***A Recognised Professional Body means a body within or outside the ADGM that is recognised by the Registrar and which:***

1. ***regulates (or is going to regulate) the practice of professional for its insolvency specialist members; and***
2. ***has rules which it is going to maintain and enforce for security that its insolvency specialist members: (i) are fit and proper persons to act as an Insolvency Practitioner and (ii) meet acceptable requirements as to education and practical training and experience.***

 *Section 4: Professional Indemnity Insurance*

The Insolvency Practitioner applicant or the Insolvency Practitioner applicant’s Employer (as applicable) must have professional indemnity insurance relating to the Insolvency Practitioner as required under Section 12 of the Rules.

|  |  |
| --- | --- |
| Name of Professional Indemnity Insurance Policy Provider  |  |
| Date of Issue and Expiry Date  |  |
| Limit of Indemnity (amount) |  |
| Scope of Coverage (Description of Professional Services included in the Cover) |  |
| Insured Entities  |  |
| Territorial Coverage/Geographical Scope  |  |

***Guidance: An Insolvency Practitioner, or the Insolvency Practitioner’s Employer on the Insolvency Practitioner’s behalf, must:***

1. ***at all times hold adequate and appropriate professional indemnity insurance, which covers all types of civil liability arising in connection with the conduct of the Insolvency Practitioner or the Insolvency Practitioner’s Employer’s business carried out by the Insolvency Practitioner (as applicable); and***
2. ***arrange to hold appropriate run off cover that covers a period of two years after the Insolvency Practitioner’s registration as an Insolvency Practitioner is cancelled.***

***The Insolvency Practitioner applicant must seek quotes from insurance providers independently. ADGM Registration Authority cannot assist you in this matter.***

 *Section 5: Security Bonding*

***Guidance: An Insolvency Practitioner is required to obtain and maintain a security bond in connection with an appointment under the Insolvency Regulations 2022. However, practitioners appointed as a liquidator under Section 178 of the Insolvency Regulations 2022 (members voluntary winding-up) are exempt from the requirement of having to obtain a security bond for this appointment.***

***Thus, the Insolvency Practitioner applicant is not required to provide details of the security bond at the time of submission of this Registration Form – only at the time of appointment to provide Insolvency Practitioner Services under the Insolvency Regulations.***

 *Section 6: Fit and Proper Questionnaire*

# **Fit and Proper Questionnaire**

|  |  |  |
| --- | --- | --- |
| **No.** | **Question** | **Answer\*** |
| 1 | Have you ever been convicted of a crime involving dishonesty?  | Yes [ ]  / No [ ]  |
| 2 | Have you ever served or been sentenced to a term of imprisonment? | Yes [ ]  / No [ ]  |
| 3 | Are you currently subject of imprisonment or any other penalty in criminal proceedings? | Yes [ ]  / No [ ]  |
| 4 | Have you ever been convicted of any offence under any provision of the financial markets legislation or any offence under any provision of any foreign act, financial markets or financial services, corporations, financial reporting, or requirements for preventing money laundering? | Yes [ ]  / No [ ]  |
| 5 | Have you ever been banned from acting as a director of a company or other incorporated body, or from being involved in the management of any class of incorporated or unincorporated entity? | Yes [ ]  / No [ ]  |
| 6 | Have you ever been subject to disciplinary action by any professional body or disciplinary tribunal, where those actions resulted in penalties being imposed or censure? | Yes [ ]  / No [ ]  |
| 7 | Have you ever had a court ruling against you in respect of a civil case, or has reached an out of court settlement, relating to your profession? | Yes [ ]  / No [ ]  |
| 8 | Have you ever been dismissed, or asked to resign, from a position of trust, fiduciary appointment or similar position? | Yes [ ]  / No [ ]  |
| 9 | Are you subject to bankruptcy or insolvency?  | Yes [ ]  / No [ ]  |
| 10 | Are you subject of becoming and continuing to be unable to attend to the business of Insolvency Practitioner or becoming and continuing to be unable to provide Insolvency Practitioner Services?  | Yes [ ]  / No [ ]  |
| 11 | Are you subject of abandonment of the Insolvency Practitioner’s business?  | Yes [ ]  / No [ ]  |
| 12 | Are you subject to pending proceedings which, if any adverse finding is reached, will result in one or more of the matters set out in the paragraphs 1-11 above applying to you? | Yes [ ]  / No [ ]  |

# I declare that the answers provided in answer to the questionnaire are true and complete as at the date of this statement.

|  |  |
| --- | --- |
| Signature: |  |
| Name: |  |
| Date: |  |

# \*If “Yes” is given in response to any question, please provide a further detailed written explanation for the answer below*.*

# *Additional information if any question is answered ‘Yes’*

|  |
| --- |
|  |

 *Section 7: Confirmation of Compliance with the Rules*

#### I, …………………………..., confirm that to the best of my information, knowledge and belief, and save as may be disclosed in this Registration Form, I, ……………………, in my capacity as the Insolvency Practitioner applying for registration (re-registration (delete as applicable)) with ADGM Registration Authority, and, to the extent applicable, my Employer and any connected persons have complied with all applicable requirements of the Rules, including the Insolvency Practitioner Registration Criteria and the Principles listed in Part 4, Section 11 of the Rules.

I further confirm that I have read and understood five principles listed in Part 4 of the Rules, being (1) integrity, (2) due skill, care and diligence, (3) confidentiality, (4) transparency and (5) conflict of interest, and I confirm that I comply and will continue to comply with these Principles as long as I remain registered with ADGM Registration Authority as an Insolvency Practitioner under the Rules.

I further confirm that to the best of my information, knowledge and belief, I, ……………………the registered Insolvency Practitioner with ADGM Registration Authority, and my Employer and any connected persons, to the extent applicable, will comply with the provisions contained in Section 15 of Part 6 of the Rules concerning Working Papers and Records. In this respect, that -

1. I am able to maintain sufficient Working Papers to:
2. facilitate the proper performance of the functions and duties under the Rules; and
3. be able to demonstrate to the Registrar that the I have properly performed functions and duties and carried out my services in accordance with the Rules.
4. I am able to provide copies of the Working Papers upon request by the Registrar.
5. I maintain Working Papers and any other records relating to the provision of my services for a period of at least 7 years from the date of completion of any services. These Working Papers and records include, but not limited to:
6. documents used to demonstrate to the Registrar that the I have satisfied the registration criteria and Principles (as listed in Part 4 of the Rules);
7. documents relating to the security bonding obligations (if applicable);
8. documents relating to my professional indemnity obligations; and
9. material correspondence in relation to the provision of my services.
10. I confirm that, if requested by the Registrar, all Working Papers and any other records referred to in the Section 15(3) of the Rules, however, stored, are available to be provided to the Registrar in English language within 5 days from the date of Registrar’s request.

|  |  |
| --- | --- |
| Signature of the Insolvency Practitioner Applicant: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Name of the Insolvency Practitioner Applicant: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 *Section 8: Fees*

# Fees payable for registration is **USD300.**

**How to pay?**

**Credit Card Payments:**

Please visit [www.registration.adgm.com](http://www.registration.adgm.com). Please use ‘corporate services’ to settle this payment if you already have access to online registry solution.

**Bank Transfer Payments:**

Bank transfer payments can be made to the following account details:

**USD Account**

Bank name: First Abu Dhabi Bank (FAB)

Account name: ADGM REGISTRATION AUTHORITY

Account number: 4021003571090031

IBAN: AE350354021003571090031

Branch: H.O. Sheikh Khalifa Street

Swift code/BIC: NBADAEAA

**AED Account**

Bank name: First Abu Dhabi Bank (FAB)

Account name: ADGM REGISTRATION AUTHORITY

Account number: 4021003571090020

IBAN: AE410354021003571090020

Branch: H.O. Sheikh Khalifa Street

Swift code/BIC: NBADAEAA