## P-06: Application for reinstatement of insolvency practitioner's practising certificate [Section 13 Insolvency Law 2020, rule 47(n) Insolvency Rules 2020]

Submit this application if the insolvency practitioner's practising certificate has lapsed and the insolvency practitioner's name has been removed from the Registry of Insolvency Practitioners because:

- (i) the insolvency practitioner failed to submit a Form P-04 application for annual renewal of insolvency practitioner's practising certificate before the expiry of the insolvency practitioner's practising certificate; and
- (ii) the insolvency practitioner failed to submit a Form P-05 application for renewal of insolvency practitioner's practising certificate submitted during suspension period, before the expiry of the suspension period.

Please note that the insolvency practitioner is only required to change the particulars in this application form where the information has changed since he or she last informed the Registrar of the relevant particulars.

Note: Where the insolvency practitioner's practising certificate has lapsed by reason of his or her failure to renew it within the time provided in section 13 of the Insolvency Law or under rule 47 of the Insolvency Rules, and the Registrar has removed the insolvency practitioner's name from the Register of Insolvency Practitioners, the Council may, on the application of the insolvency practitioner and in its absolute discretion, order the reinstatement or renewal of the insolvency practitioner's practising certificate on such conditions as it sees fit (including the payment of any additional fee), in which event, and subject to the satisfaction of those conditions, the practising certificate will be deemed not to have lapsed (rule 47(n) Insolvency Rules).

1. Identification of registered insolvency practitioner
Full name of registered insolvency practitioner in English
Full name in Myanmar language (optional)
Registered insolvency practitioner's registration number

Nationality	shown on passp	ort N.R.C. (M	lyanmar c	itizens)/Passp	ort no. (foreign citizens only)
Other natio	onalities, if applic	ahla			
Other Hatic	пашез, п аррис	аые			
or r Myai	nationalities, a c	copy of the re	elevant n	national regis	er's name, passport number stration card (N.R.C) for a citizen must be attached to
Gender		Date of birth	1		
☐ Male	Female	/		/	
		dd mr	m y	ууу	
Email addr	ess				
Phone num	ber				
	<del></del>				
2. Date of e	xpiry of practising	g certificate			
	/		/		
	dd	mm		уууу	
3. Date of e	xpiry of suspension	on period			
	/		/		
	dd	mm		уууу	
4. Address o	of principal place	where applicar	nt practis		lvency practitioner
	eet number and s		•		
Unit	;, level, etc. (if ap	nlicable)			
	., .c.c., c.c. (ii up				

	Quarter/City/Township		
	State/Region	Country	Postcode (optional)
٠ ٨ ط	description place where	a continent practices as an i	inchience practitioner
. Au	dress of any other place where Street number and street na		пѕоіченсу ріасціюнеі
	Unit, level, etc. (if applicable	e)	
	, , , .,		
	Quarter/City/Township		
	State/Region	Country	Postcode (optional)
i. Inf	formation in support of applica	ation	
A. As	ssociation membership		
Asso	ociation of Insolvency Practition	oner's membership number	
he a	applicant hereby confirms that	t he or she is a current mem	ber of the Association of
nsol	vency Practitioners.		
	Confirmed	Not confirmed	
۹ ۸۵	adomic qualifications of appli	nt	
5. AL	ademic qualifications of applic	cant	

Please list the applicant's most recent and relevant university and professional academic qualifications in the space provided above, including the year the qualification was obtained.

C. Indicate below if the applicant is practising as a sole practitioner, in partnership with one
or more others, or is an employee of an insolvency practitioner, partnership or firm
Applicant is practising as a sole practitioner  Applicant is in partnership with one or more others
Applicant is an employee of an insolvency practitioner, partnership or firm
D. If the applicant practises as an insolvency practitioner as a member of a firm or under a name or style other than the applicant's own name, provide the name of that firm or name
or style under which the applicant practises
Name of firm or name or style under which applicant practises (if name is other than
applicant's own name)
Registration number of firm (if a registered entity)
E. Please confirm whether the following correctly records all disciplinary action (if any) taken against the applicant in relation to his or her past practice as a receiver, liquidator or other role in relation to insolvency
☐ Yes ☐ No
F. Please confirm whether the following correctly records all current conditions or
restrictions (if any) imposed on the applicant's conduct or practice as an insolvency
practitioner
☐ Yes ☐ No
G. Is the applicant required to maintain professional indemnity insurance against the
liabilities that the insolvency practitioner may incur (as determined by the Council under
section 16(f)(i) of the Insolvency Law and published by the Council under rule 44 of the
Insolvency Rules)?  Yes No
If the applicant is required to maintain professional indemnity insurance, evidence that
this insurance is currently maintained by the applicant must be attached to the

application.

insolvency practitioner may incur (as determined by the Council under section 16(f)(ii) of the
Insolvency Law and published by the Council under rule 44 of the Insolvency Rules)?
☐ Yes ☐ No
If the applicant is required to maintain fidelity insurance, evidence that this insurance is
currently maintained by the applicant must be attached to the application.
7. Confirmations in support of application
A. Undischarged bankrupt
The applicant hereby confirms that he or she is not an undischarged bankrupt.
☐ Confirmed ☐ Not confirmed
B. Conviction of disqualifying offence
The applicant hereby confirms that he or she has not been convicted of any of the offences which the Council has announced disqualify an applicant from acting as an insolvency practitioner.
☐ Confirmed ☐ Not confirmed
8. Completion of education, practical training and experience requirements
The applicant hereby confirms that he or she has completed all requirements prescribed by the Council pursuant to section 12(a)(ii) of the Insolvency Law with respect to education, practical training and experience.
Confirmed  Not confirmed  Evidence that the applicant has completed all requirements with respect to education, practical training and experience as prescribed by the Council from time to time, must be attached.
9. Signed by the insolvency practitioner
I certify that the information in this form and any document attached to this form is true and correct
Please insert name in full

## 10. Checklist

he follow	ving must be attached to this form (where applicable):
	If there has been a <b>change</b> in the insolvency practitioner's name, a copy of N.R.C (for a Myanmar citizen) or passport (for a foreign citizen).
	If the insolvency practitioner is required to maintain professional indemnity insurance, evidence that professional indemnity insurance is currently maintained.
	If the insolvency practitioner is required to maintain fidelity insurance, evidence that fidelity insurance is currently maintained.
	Evidence of completion of all education, practical training and experience as prescribed by the Council academic qualifications.
	The prescribed filing fee.