



This form of six pages when completed should be returned to the IPA Licensing Officer, Maria Weemes, Insolvency Practitioners Association, Valiant House, Heneage Lane, London EC3A 5DQ

IP3: Application to upgrade Authorisation (Licence) to act as an Appointment Taking Insolvency Practitioner for those who intend to take appointments:

- Are already an authorised Insolvency Practitioner authorised by IPA.
- Wish to upgrade your authorisation as part of the IPA annual renewal process or
- Wish to upgrade your authorisation part way through the calendar year.

Before completing the application form, you should read the relevant IPA Articles, Rules, Regulations and Guidance, together with the Notes within this form.

Note: In addition to the matters mentioned here, the IPA may require information and explanations in and about any relationship and dealings you might have had or have with any individual, firm, partnership or company which has been or is the subject of complaint to or investigation by it (the IPA), another RPB or any other professional body or any government, statutory or regulatory authority (including The Insolvency Service).

Practice: You should **immediately** notify the IPA of any changes in your practice before or after your authorisation is issued, including changes in where you work; changes in where your cases are administered; and changes in your nominated successor IP.

Period of Authorisation: Authorisations are issued for a period of not more than twelve months ending on 31 December: you should state at Part 2 what date you wish the authorisation to be effective from (but it cannot be back-dated). Your application will be put before the Membership and Authorisation Committee at the next meeting following receipt of completed information at the IPA office. You will not be authorised to take appointments until you are informed by IPA that you may do so.



IPA – The Membership Body for Insolvency Professionals

IP3: Application to upgrade Authorisation (Licence) to act as an Appointment Taking Insolvency Practitioner [2010] for those who intend to take appointments:

Please complete in typescript or black/blue ink using block capitals for easier reading

Part 1 – Your Personal Details

Title, First name and Surname/Family name	
IPA Membership number	
Home Name/Number and Street	
City/Town, County and Postcode	
Country (if outside UK)	
Telephone Area Code and Number	

If you are a member of another professional body (or bodies), please provide:	
Name of the body	
Your designatory letters	
Date of your admission	
Your membership number	

Part 2 – Your Employment Details

Name of Firm/Partnership/Company for which you work	
How long you have worked here	
Your current job title/position	
Nature of Firm/Partnership/Company business	
Building Name/Number and Street	
City/Town, County and Postcode	
Country (if outside UK)	
Telephone Number (Main Switchboard)	
Your E-Mail Address	

State the date from which you would wish your authorisation to be effective	
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Part 3 - Your Eligibility and Practice

Please state in relation to the firm/partnership /company in which you will be working:

- **Eligibility (Insurance and Bonding):** You are required by the IPA Professional Indemnity Insurance (PII) Regulations to have PII cover; and by the DTI's Insolvency Practitioners Regulations to have a general penalty (enabling) bond for £250,000, together with specific penalty bonds in relation to individual insolvencies to which he/she is appointed.

Provide details of the professional indemnity insurance (PII) held by you or by the Firm/ Partnership/Company in which you work	Insurer:	
	Policy number	
	Amount of cover £	Renewal date
Provide details of the security or caution you currently have	Surety:	Renewal date
<p>Please note the following changes to IPA's PII Regulations (effective from 1st September 2008).</p> <p>3.1 Each Individual Member is required to have a minimum PII cover for any one claim of whichever is the greater of:-</p> <p>3.1.1 £250,000 (or such other figure as may from time to time be determined by Council); or</p> <p>3.1.2 2.5 times his Gross Fee Income.</p> <p>3.3 In the case of a PII policy covering a number of Individual Members practising in partnership or by association, the required minimum cover under the policy need not exceed £1,500,000 (or such other figure as may from time to time be determined by Council).</p>		
Address(es) where your cases are administered if different from or in addition to that shown in Part 2.	_____	
Address where your records required by the legislation are maintained if different from that shown in Part 2.	_____	
If there are other IPs in the Firm/Partnership/ Company, it would help us to plan inspections if you would circle the RPBs by which they are authorised	ACCA	ICAI ICAEW ICAS LS LSS DTI/DETI IPA

Please complete continuity details for EITHER Sole Practitioner OR Partnership/Company below

Sole Practitioner Firm	Name: _____	
Provide details of the appointment taker IP who has agreed to provide continuity in relation to the administration of your cases in the event of your incapacity or death	Firm: _____	
	Authorising Body: _____	
	Partnership or Company	Are arrangements for continuity set out in a partnership/company agreement?
Provide details of any appointment taker IP nominated to provide continuity in relation to the administration of your cases in the event of your incapacity or death	Name: _____	

Part 4 – Declaration

(1) I hereby apply for Authorisation to act as an Insolvency Practitioner, for which I believe I am a fit and proper person. I acknowledge that I am bound by the IPA Articles, Rules, Regulations and Guidance in relation to my authorisation.

(2) The information provided by me in this application is true, and I have disclosed here all and every facts and circumstances which are relevant to consideration of my application. I understand that any false, inaccurate or misleading information provided by me may lead to a refusal of my application, or revocation of my authorisation if approved, as well as disciplinary action in relation to, and suspension or withdrawal of, my membership of the IPA.

3) I will immediately notify the IPA of any material change in the information provided by me here, whether it arises before or after the issue of an authorisation.

(4) I understand that the IPA may seek information relevant to a proper consideration of my application from my current and past employers and from other third parties; and I hereby consent to the disclosure by my present and past employers and third parties to the IPA.

(5) I understand that the IPA may pass all and any information about me and my practice as it considers appropriate to The Insolvency Services or to other Recognised Professional Bodies under the published Memorandum of Understanding between The Insolvency Services and the RPBs, and may receive information about me and my practice from them. I further understand that in the event of removal of my authorisation or my incapacity or death, the IPA will pass such relevant information as it may have about the cases to which I was appointed to the insolvency practitioner(s) appointed to succeed me as office holder.

(6) I undertake:

- Not to practice as an IP without Professional Indemnity Insurance at an appropriate level
- Not to act as an IP unless there is in force security or caution as required and prescribed by legislation, generally and in relation to every case to which I am appointed
- To promptly send to the IPA my original enabling bond and renewal slips evidencing that it remains in force, together with copies of the monthly bordereaux submitted to my insurers

(7) I attach the following (delete as appropriate):

- A copy of my general penalty bond; or
- A copy of a quotation document evidencing that I have applied for a general penalty bond.

- If it is more than one year since you got your first IPA non-appointment taker licence then the following must be provided:
 1. details of your work/experience history since you got your first IPA non-appointment taker licence. And
 2. a letter from an authorised IP under whom you have worked or from a firm confirming that you have worked in higher insolvency related work for the last 12 months. And
 3. Confirmation of your CPE hours.

Signature	Date:
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