



# INSOLVENCY PRACTITIONERS ASSOCIATION OF SINGAPORE LIMITED

## APPLICATION FOR ADMISSION AS STUDENT ASSOCIATE

1. I, \_\_\_\_\_  
(FULL NAME)  
  
of \_\_\_\_\_  
(ADDRESS)  
  
hereby apply to be admitted as a Student Associate of the Insolvency Practitioners Association of Singapore Limited.
2. I certify that this is the first time I am applying to be a Student Associate.
3. I am currently studying the \_\_\_\_\_ (**Major Field of Study / Expected Date Of Completion**) administered by \_\_\_\_\_  
(Name of Society / Institution).
4. I enclose \$ \_\_\_\_\_ as payment of the admission fee and the subscription for \_\_\_\_\_  
(Year)

Please see "Directions" below.

1. (i) Name in full as in IC / Passport: 



  
+ Mr / Ms / Mrs

(ii) Gender: <sup>+</sup> Male / Female

(iii) Date of Birth (dd/mm/yyyy): 



 / 



 /

(iv) Place of Birth:

2. (i) Nationality:

(ii) <sup>+</sup> Identity Card No. / Passport No: 



 (last 3 numbers plus alphabet e.g SXXXX123Z)

3. Prior College/University Education (other than that stated in item 3 on front page) (To indicate date of completion): \_\_\_\_\_

4. Home Address:

Telephone No.: 



 (H) E-mail: \_\_\_\_\_  

 (HP)

5. Name and Address of Office 



  
(if applicable):

Telephone No.: 



 Ext 



 Fax No.:

DID:

6. Mailing / corresponding address to which correspondence should be sent:

7. Present employer and position held (if applicable):

8. Have you ever been convicted of any criminal offence? <sup>+</sup>Yes / No

9. Have you ever been adjudged a bankrupt or made an assignment for the benefit of your creditors? <sup>+</sup>Yes / No. If yes, give details: \_\_\_\_\_

<sup>+</sup>Delete classification which is not applicable.

10. Give brief description of experience:

Position Held Chronologically with Dates	Name & Address of Employer	Brief Description of Main Duties

(Applicants are required to forward testimonials from their employers, each giving a brief description of their duties and responsibilities. Photocopies of testimonials addressed 'To Whom It May Concern ' may be submitted if they are not addressed to IPAS but originals must be produced for inspection.)

11. Academic qualifications attained:

Name of Institution	Title of academic qualifications	Year Attained

(Applicants are required to forward certified true copies of the certificates of academic qualifications attained).

12. 2 character referees (not close relatives).

(i) I, \_\_\_\_\_ NRIC/PP NO: \_\_\_\_\_ )  
(NAME) (LAST 3 NUMBERS PLUS ALPHABET E.G SXXXX123Z)  
of \_\_\_\_\_  
(ADDRESS)  
\_\_\_\_\_ have known \_\_\_\_\_  
(OCCUPATION) (NAME OF APPLICANT)  
of \_\_\_\_\_  
(ADDRESS OF APPLICANT)  
for \_\_\_\_\_ and believe <sup>†</sup>him / her, from personal knowledge, to be a fit and proper person to be  
(LENGTH OF TIME)  
registered as a Student Associate of the IPAS.  
Signature / Date \_\_\_\_\_

<sup>†</sup>Delete classification which is not applicable.

(ii) I, \_\_\_\_\_ NRIC/PP NO: \_\_\_\_\_ )  
(NAME) (LAST 3 NUMBERS PLUS ALPHABET E.G SXXXX123Z)

of \_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_ have known \_\_\_\_\_  
(OCCUPATION) (NAME OF APPLICANT)

of \_\_\_\_\_  
(ADDRESS OF APPLICANT)

for \_\_\_\_\_ and believe <sup>†</sup>him / her, from personal knowledge, to be a fit and proper person to be  
(LENGTH OF TIME)

registered as a Student Associate of the IPAS.

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

13. I am not the subject of any investigation by any governmental or other relevant authority in respect of any offence involving dishonesty nor am I aware of any matter that could give rise to any complaint against me for professional misconduct / save and except\* #

14. Any other information you desire to submit which might assist the Board of the IPAS in making a decision on the application.

I, \_\_\_\_\_  
(Name, Address and Occupation)

declare that the information contained in this application is true to the best of my knowledge, information and belief.

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

<sup>†</sup>Delete classification which is not applicable.

\*Delete as appropriate.

#Please give full details of investigation / complaint and your defence.

## **DIRECTIONS**

When submitting your application, please ensure that your application form has been correctly completed and that the following are enclosed:

- (i) certified true copies of your certificates, including transcript / notification of results. Photocopies to be certified by a member/associate/fellow of + IPAS / ISCA / Law Society / Registrar of a local university (or other tertiary education institution).
- (ii) fees payable:

### **FEES PAYABLE FOR STUDENT ASSOCIATE**

	S\$
Admission Fee – Student Associate	100.00
Annual subscription – Student Associate	75.00

A person who is admitted on/after the 1st day of July in any year shall pay only half the subscription that is payable for a year.

The cheque for the required fees should be crossed "A/c Payee only" and made payable to the "Insolvency Practitioners Association of Singapore Limited".

In accordance with Clause 14 and 15 of the Articles of Association of IPAS, a person is eligible to become and remain a Student Associate if, in the case of Student Associate, he/she is a person who is at the time of application for student membership, enrolled in a course of study in a tertiary institution which is relevant to the objects for which the Company is established. The Directors may in the cases and circumstances and in the manner set out in the Bye-Laws of the Company prepare regulations to determine the circumstances in which a person may become a registered student and in which a registered student may be admitted as a Student Associate of the Company.