FORM 93

(Coat of Arms) (Section 165)

APPLICATION FOR TRUSTEE LICENCE
(INDIVIDUAL)

GENERAL INFORMATION

Family Name Given Name(s) Date of Birth
_________________________________ __________________________

_____/_____/______ year month day

Other Previous Legal Names or Aliases
________________________________________

Business Address Home Address
________________________________________

Telephone No.: Telephone No.: 
Fax No.: Fax No.: 
E-mail address: E-mail address: 

Current Employer Employment Began
________________________________________

_____/_____/______ year month day

Professional organization(s) of which I am currently a member (if any)
________________________________________

PREREQUISITE QUALIFICATIONS

Formal education (degrees, professional designations, year of conferment, post-secondary institutions) and relevant work experience. Please provide a curriculum vitae.
________________________________________
DECLARATION REGARDING PREREQUISITE QUALIFICATIONS

I hereby declare that:

(a) I have not, at any time within the 5 years preceding the date of this application, personally been in a state of insolvency1;

(b) I have successfully completed the BIA Insolvency Counsellor’s Qualification Course;

(c) I have successfully completed the National Insolvency Qualification Program;

(d) As a member or former member of a professional organization, I am in good standing with, and am not subject to any current disciplinary action by that organization.

SPECIFIC QUALIFICATIONS

If you are a member of a professional organization, do you intend to retain your membership in that organization when you begin to practise as a trustee?

□ Yes □ No

(If yes, and if such membership entails you to practise a profession that is an incompatible occupation2 you are required to satisfy the Supervisor that you will be a non-practising member of the organization.)

DECLARATION RELATING TO THE APPLICANT’S REPUTATION

I hereby declare that:

(a) I have no criminal record;

(b) I have never been a bankrupt;

(c) I have never been a principal shareholder, a director or an officer of a bankrupt corporation;

(d) As a member or former member of a professional organization, I have not previously been found guilty of professional misconduct of an ethical, commercial or economic nature; except as indicated hereafter (please provide documentation):

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1 “State of insolvency” means being bankrupt, having filed a notice of intention or a proposal under the Bankruptcy and Insolvency Act, or being subject to any similar proceedings under federal, provincial or foreign legislation.

2 “Incompatible occupation” includes, notably, a collection agent, a bailiff, a trade association representative, an employee of the Office of the Supervisor of Insolvency (“OSI”), as well as any other occupation, business or profession which may be in conflict with the duties and responsibilities of a trustee.

3 “A person may be restricted from acting as a Trustee in respect of a debtor in the circumstances set out in section 168 of the Act.”
FORM 93 - Cont'd

UNDERTAKING OF APPLICANT REGARDING CONDITIONS IMPOSED ON NEW LICENCES

If a trustee licence is granted by the Supervisor of Insolvency, I accept that it be subject to the following conditions:

(a) that I will, for a period of twenty-four (24) months, practice with, and in the same physical location as, an active established trustee who is acceptable to the Supervisor.

(b) that where, at any time during those twenty-four (24) months, I do not meet the requirement set forth in paragraph (a), I will be authorized to act only in the following cases:
(i) estates under the summary administration provisions of the Act;
(ii) estates, known as ordinary administration estates, for which the unsecured liabilities, as per the Statement of Affairs, do not exceed $500,000 and for which the realizable assets as per the Statement of Affairs, after deducting the value of all security interests, do not exceed $10,000; and
(iii) all other cases (notice of intention, Part V proposal, Interim Receiver, estates not covered by case (iii) above, etc.), subject to the approval of the Supervisor of Insolvency and on such terms as the Supervisor shall determine, considering my performance.

These conditions will not necessarily restrict me to any specific employer and any transfer or change of employment assuring similar or better circumstances would be acceptable. I will inform you in advance of any such change.

I also accept that these conditions may, upon written request, be reviewed after the period of twenty-four (24) months. They will thus either be removed, modified or maintained. If other conditions are to apply, I will be so notified by the Supervisor, prior to the granting of the licence, for my approval.

AUTHORIZATION

I understand that my application for a trustee licence is subject to an investigation, and that a verification by the Royal Barbados Police Force (RBPF) will be conducted with regard to criminal records, ongoing or completed investigations and arrest warrants, as well as with regard to my background.

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 ________________, 20__

_______________________________________________________
Applicant
APPLICATION FOR A TRUSTEE LICENCE
BREAKDOWN OF AREA OF EXPERIENCE IN INSOLVENCY MATTERS

Name of Applicant: ___________________  Firm: ____________________________
The applicant for a trustee licence hereunder indicates an estimate of the amount of time worked during the periods indicated, in the various fields indicated. The breakdown is to be shown as a

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<th>Individual Bankruptcies</th>
<th>Individual Proposals</th>
<th>Commercial Bankruptcies</th>
<th>Commercial Proposals</th>
<th>Insolvency, Receiverships, Agency, Liquidations, Secured Creditors, CCAA</th>
<th>Other work not directly related to Insolvency work (audit, tax, accounting, etc.)</th>
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</table>

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

Signature of Applicant
Date: ______________________

Signature of Trustee
Date: ______________________

Trustee's name in block letters
Date: ______________________
FORM 93 - Concluded

THE FOLLOWING MUST ALSO BE PROVIDED WITH THIS APPLICATION

Please fill out this page and return with your application. If any items are not checked off, please indicate the reason for such information being excluded and the date at which it will be provided.

☐ 1 A copy of the applicant's qualifications [Degree/insolvency].

☐ 2 A curriculum vitae containing the applicant's academic background and a list of employment positions held during the last ten (10) years with a brief description of duties.

☐ 3 A detailed description of experience in bankruptcy administration (see attached table).

☐ 4 A recent photograph of the applicant (approx. 5 cm X 3.5 cm).

☐ 5 A cheque for $1,700.00 payable to the Supervisor of Insolvency.

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

☐ 6 A supporting letter in which the employer or a partner undertakes to provide the necessary resources (work facilities, equipment and personnel) that will be required by the applicant for the execution of his/her duties as a trustee, as well as insurance coverage (professional liability insurance and employee dishonesty (fidelity) insurance).

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

☐ 7 A personal balance sheet.

☐ 8 Details of necessary resources (work facilities, equipment and personnel) that will be at the applicant's disposal in the execution of his/her duties as a trustee, and of banking arrangements.

☐ 9 Evidence of insurance coverage for the applicant (professional liability insurance and employee dishonesty (fidelity) insurance).