

## STATUTORY INSTRUMENTS.

S.I. No. 302 of 2017

COMPANIES ACT 2014 (PRESCRIBED FORM — CATEGORY 5 LIQUIDATORS) REGULATIONS 2017

# COMPANIES ACT 2014 (PRESCRIBED FORM — CATEGORY 5 LIQUIDATORS) REGULATIONS 2017

The IRISH AUDITING AND ACCOUNTING SUPERVISORY AUTH-ORITY, in exercise of the powers conferred on it by Section 633 (amended by section 93 of the Companies (Accounting) Act 2017 (No. 9 of 2017)) of the Companies Act 2014 (No. 38 of 2014), hereby makes the following Regulations:

#### Citation

1. These Regulations may be cited as the Companies Act 2014 (Prescribed Form — Category 5 Liquidators) Regulations 2017.

## **Definitions**

2. In these Regulations-

"Act of 2014" means the Companies Act 2014 (No. 38 of 2014).

## Prescribed Form for Registration

3. The form set out in the Schedule to these Regulations is hereby prescribed for the purposes of paragraph 5(a) of the Table to section 633 of the Act of 2014.



GIVEN under the seal of the Irish Auditing and Accounting Supervisory Authority,

11 July 2017.

## KEVIN PRENDERGAST,

Chief Executive Officer and Director.

FERGAL Ó BRIAIN, Secretary.

## **SCHEDULE**

## Part A — Personal Details

Information requested	Response
1. Your full name. Include any names by which you have been known previously.	
2. Your date of birth (dd/mm/yyyy)	
3. Nationality and passport number (For example, copy of passport / driving licences etc).	
4. Your private address.	
5. Your email address for correspondence.	
6. Your principal business address and telephone number.	
You should state the address at which you work or most frequently work	
7. Your business website address.	
8. If you are trading under any business name or working in or a partner in a firm, please indicate the business name and address of the business and/or firm.	
9. Specify which of the above addresses you would prefer correspondence or notices relating to your application to be sent.	
10. Are there any other addresses from which your business as a liquidator will be conducted?	
If yes, list the addresses of any other offices which deal with liquidations in your name and to which creditors' and other correspondence, in respect of such liquidations is normally sent.	
11. Are you currently authorised and/or supervised by a regulatory authority inside or outside the State (if so, please provide details)?	
12. Are you currently a member of any professional body (or bodies)? If <b>Yes</b> , please provide:	
a. Name and address of the body;	
b. Date of Admission; and	
c. Your membership number.	
(Please provide a letter of good standing from each such professional body dated within 3 months prior to the application) <sup>1</sup>	

<sup>1</sup>Note that members of prescribed accountancy bodies (as defined in s 900(1) of the Companies Act 2014 holding a current practising certificate and members of the Law Society of Ireland holding a current practising certificate are not permitted to be authorised to act as liquidators under paragraph 5 of the table to section 633 of the Companies Act 2014.

Information requested	Response
13. Please provide your tax clearance access number and your reference number in order to allow IAASA to verify your tax clearance details.	

## **Part B — Application Information**

#### Part B.1 — Experience and Knowledge

You are required to provide a Curriculum Vitae ('CV'). Such a CV should outline your employment history and your experience in relation to the winding up of companies and knowledge of the law applicable thereto that you consider relevant. Please include an explanation for any professional timeline gap exceeding 12 weeks.

This experience and knowledge should relate to periods prior to 1 June 2015 only. Experience and knowledge obtained after 1 June 2015 cannot be considered.

Dates (From — To)	Employer/business, including address	Position (e.g. liquidator, manager, senior, junior, trainee, etc)	Approximate hours of experience obtained in the winding up of companies	Key actions taken by you(see note below)

Please **submit with this application** a schedule of all liquidation appointments on which you have worked during the period of 10 years immediately preceding **1 June 2015.** 

The schedule should state in respect of each such appointment:

- Name of company;
- Date of appointment;
- Whether the appointment was a Members' Voluntary liquidation, Creditors' Voluntary Liquidation or a Winding up by --the Court; and
- Your role in relation to the liquidation (e.g. Whether you were the liquidator appointed or were working for the liquidator and if so what was the nature of your role).

You should also provide an outline of key actions taken by you in relation to your work on the winding up of companies that demonstrates your knowledge and experience in this regard. This should include examples of legal proceedings

taken such as restriction or disqualification applications, reckless or fraudulent trading actions, asset recoveries, etc.

## Part B.2 — Education and Training

If available, please include any information on education and training which may assist us in evaluating your application. In each case, include documentation evidencing the items included.

	Educational Awards					
Awarding body	Nature of award	Year and grade awarded	Summary of relevance to application			

Other Relevant Training/Continuing Professional Development						
Training body	Nature of training	Duration & date	Summary of relevance to application			

## Part B.3 — References

You are required to supply two technical references and one character reference, none of whom should be related to you. References should be current (within the last 3 months) and relate specifically to your application for authorisation as a liquidator.

- Your technical referees should be individuals who have knowledge of your experience of the winding up of companies and knowledge of the law applicable thereto; and
- Your character reference should be given by someone outside your business firm.

#### Part B.4 — Fitness and Probity

The following questions are to be answered by entering a YES/NO in the "Response" box below. In any case where the response to a question is YES, full details should be given on a separate sheet and referenced to the appropriate question.

for regulatory approval in respect of any business in the State or elsewhere and, by reason of any matter relating to a time when you were so concerned, was refused the application or had the approval subsequently withdrawn,

suspended or restricted?

	Question	Response (YES / NO)
12	Have you been the subject of proceedings alleging negligence, misconduct or other liability in relation to an insolvency or other professional matter; or are there any proceedings pending?	
13	Have you been convicted of any criminal offence, other than a minor motoring offence not resulting in disqualification; or are there any proceedings pending?	
14	Have you been removed or dismissed from any form of employment or engagement on grounds of misconduct, incompetence or unfitness, or from any fiduciary office or position of trust (whether or not remunerated) including as an insolvency office holder; or is there any action pending?	
15	Have you ever been the subject of any investigation or disciplinary proceedings of a professional body of which you were (or remain) a member?	

## Part B.5 — Complaints

## Please provide:

- (a) your procedures for dealing with complaints made to you in relation to your conduct in the winding up of companies;
- (b) details of any such complaints which have been made to you in the past 5 years and how the complaint was resolved; and
- (c) details of any complaints made against you in relation to your conduct in the winding up of companies within the past 5 years, including details of the person to whom the complaint was made and how the complaint was resolved.

#### **PART C** — Professional Indemnity Insurance

If you have professional indemnity insurance ('PII'), please provide the following information and attach a copy of your Pll policy schedule.

Insurer:	
Policy:	
Policy No.:	
Effective date:	
Expiry date:	
Excess amount:	
Per Claim Cover:	
Aggregate Cover:	
Please provide deta	ils of any claims ongoing/pending etc.

If 'No' you must submit written confirmation from an insurer authorised to carry on business in the State that it will provide the necessary required level of Pll cover to you, should you be authorised as qualified for appointment as a liquidator of a company.

## **PART D- Any other matters of relevance**

Please provide details of any other matters which you consider relevant to your application.

## **Part E — Applicant's Statutory Declaration**

- 2) I acknowledge that IAASA may process and disclose such information in the performance of its statutory functions or otherwise as may be specifically authorised by law. I understand that IAASA may seek verification from third parties of any matters pertinent to a proper consideration of my application, including the seeking of information from any professional or similar body of which I am or previously have been a member and I hereby consent to the disclosure by such third parties to IAASA of any such information.
- 3) I warrant that I have truthfully and fully answered the relevant questions in this application and disclosed any other information which might reasonably be considered relevant for the purpose of this application.
- 4) I am aware that it may be grounds for refusal of my application and/or grounds for revocation of an authorisation granted on foot of this application to knowingly or recklessly:
  - a) provide false or misleading information and/or to make a false or misleading statement (which I acknowledge may include the withholding by me of relevant information) in this application for approval and/or;
  - b) fail to inform and/or withhold from IAASA details of any material change in circumstances/new information which is relevant and/or material to this application.
- 5) I am aware of the provisions section 876 of the Companies Act 2014, which details the offence of providing false information.
- 6) I undertake that I will promptly notify IAASA of any changes in the information I have provided and supply any other relevant information, which may come to light in the period during which the application is being considered.

8)	I am aware of the provisions of the Companies Act 2014, and any regulations
	made under it, which relate to the winding up of companies, and reasonably
	believe that I can meet the requirements of those provisions. I have sufficient
	organisational resources including finances, staffing, IT infrastructure, and
	capability to fulfil my duties as a liquidator.

capability to fulfil my duties as a liquidator.
I,[insert applicant's full name], do solemnly and sincerely declare that I have disclosed all facts and circumstances which are relevant to the consideration of my application for authorisation to be qualified for appointment as a liquidator and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act 1938.
Signed:
[insert applicant's full name]
Declared before me
[who is personally known to me],
or
[who is identified to me by C.D. who is personally known to me]
or
[whose identity has been established to me before the taking of this Declaration by the production to me of
passport no. [passport number] issued on [date of issue] by the authorities of

passport no. [passport number] issued on [date of issue] by the authorities of [issuing state], which is an authority recognised by the Irish Government]

or

national identity card no. [identity card number] issued on [date of issue] by the authorities of [issuing state] [which is an EU Member State, the Swiss Confederation or a Contracting Party to the EEA Agreement]

or

[Aliens Passport no. (document equivalent to a passport) [passport number] issued on [date of issue] by the authorities of [issuing state] which is an authority recognised by the Irish Government]

refugee travel document no.	[document number]	] issued on [	date of issue	by the
Minister for Justice, Equality	y and Law Reform]			

or

travel	document	(other t	han refuge	e travel	document	) [doct	ıment no.]	issued	on
[date	of issue] by	the Mi	nister for J	ustice, l	Equality a	nd Lav	v Reform		

at	[place of signature]
thisday of	[date]

[signature of witness]

## Part F — Supporting Documents

Please tick the relevant box to confirm you have included the document with your application.

Item	<b>Supporting Documentation</b>	Included
A	Completed form, with statutory declaration signed and duly notarised.	
В	A CV outlining your employment history and relevant experience of the winding up of companies and knowledge of the law applicable thereto. This should include, in particular, any appointments as liquidator. The experience and knowledge concerned must have been gained prior to 1 June 2015. Please include an explanation for any professional timeline gap exceeding 12 weeks.	
С	Three references, being two technical references and one character reference, none of whom should be related to you. Your technical referees should be individuals who have knowledge of your experience of the winding up of companies and knowledge of the law applicable thereto in the last three years. Your character reference should be from someone outside your business firm.	
D	Details of any positive answers to Part B.4 — Fitness and Probity. (insert N/A across where not applicable)	
Е	Evidence or undertaking from your insurer in relation to your PII cover.	
F	Tax clearance access number and PPS/reference number.	
G	Letter of good standing from professional body of which you are a member dated within the previous 3 months. (insert N/A across where not applicable)	
Н	Proof of identification (For example, copy of passport / driving licence etc)	

## EXPLANATORY NOTE

(This is not part of the Instrument and does not purport to be a legal interpretation.)

The purpose of these Regulations is to prescribe the application form for the purposes of paragraph 5 of the Table to section 633 of the Companies Act 2014.

BAILE ÁTHA CLIATH ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR Le ceannach díreach ó FOILSEACHÁIN RIALTAIS, 52 FAICHE STIABHNA, BAILE ÁTHA CLIATH 2 (Teil: 01 - 6476834 nó 1890 213434; Fax: 01 - 6476843) nó trí aon díoltóir leabhar.

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