



## **INSOLVENCY PRACTITIONER FEEDBACK FORM**

### **Your Particulars**

<b>Name</b> (*Mr/Mdm/ Miss/Ms)		<b>NRIC/Passport No.</b>	
<b>Address</b>		<b>Contact No.</b>	HP:
			Off:
			Home:
			Email:
<b>Case Reference No.</b>		<b>Role in Insolvency Case</b>	Creditor / Bankrupt / Director / 3 <sup>rd</sup> Party :_____

Declaration by Informant: "I am now furnishing the following to the best of my knowledge and belief that what I state herein contains the truth and is believed to be true. I understand that I may be liable for prosecution under S. 182 of the Penal Code (Chapter 224), for furnishing any false information to any public servant and on conviction may be punished with imprisonment for a term which may extend to one year, or with a fine which may extend to \$5,000 or both."

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Signature of Informant

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### **Information of your Feedback**

<b>Particulars of the Insolvency Practitioner ("IP") you wish to feedback on</b>	
<b>Name of IP:</b>	
<b>Name of IP firm:</b>	
<b>Address:</b>	
<b>Contact No:</b>	
<b>Email Address:</b>	

**Details of Feedback (Please, include the Date of Occurrence and the Date of Discovery of the Occurrence)**

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**Supporting Documents Submitted (if any):**

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**For Official Use**

<b>Date of Report</b>		<b>Date/Time of Interview</b> (where necessary)	
<b>Date of Receipt</b>		<b>Recorder of Complaint</b> (if applicable)	
<b>Nature of Feedback</b>	Case Administration  Compliance  Service related  For action by other authorities	<b>Remarks</b> (language used)	