

45 Maxwell Road #07-11
The URA Centre (East Wing)
Singapore 069118

INSOLVENCY PRACTITIONERS COMPLAINTS FORM

Section 1: Your Particulars

Salutation:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mdm. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. <input type="checkbox"/> Others (<i>please state</i>): _____
Name:	
NRIC / FIN / Passport No.:	
Nationality:	
Address:	
Contact No.:	
Email Address:	

Section 2: Details of the Case

Individual / Company	<input type="checkbox"/> Individual <input type="checkbox"/> Company
Individual / Company Name:	
Case Reference No. (if any):	
Type of Insolvency / Debt-restructuring regime:	<input type="checkbox"/> Bankruptcy <input type="checkbox"/> Voluntary Arrangement <input type="checkbox"/> Receivership <input type="checkbox"/> Companies Winding Up <input type="checkbox"/> Judicial Management <input type="checkbox"/> Unaware
Your Relationship in the Case:	<input type="checkbox"/> Debtor <input type="checkbox"/> Creditor <input type="checkbox"/> Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Insolvent person <input type="checkbox"/> Employee <input type="checkbox"/> Others (<i>please state</i>): _____

Section 3: Details of Insolvency Practitioner(s)

Particulars of the Insolvency Practitioner(s) ("IP") you wish to complain against	
Name of IP #1:	
Name of IP #1 Company / Firm:	
Company / Firm Address:	
Name of IP #2 (if applicable):	
*Name of IP #2 Company / Firm:	
*Company / Firm Address:	
Name of IP #3 (if applicable):	
*Name of IP #3 Company / Firm:	
*Company / Firm Address:	

**To insert as "As above" if the company / firm's name and address are the same.*

Section 4: Details of Complaint

**Description

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***Supporting documents submitted (if any):

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***Please include the date of occurrence and the date of discovery of the occurrence. If there is insufficient space, you may set out the contents of your complaint in a separate document.*

**** Please provide a description of the supporting documents that you are submitting.*

Section 5: Declaration by Complainant

<p>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 Section 182 of the Penal Code (Cap. 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.</p>

Date of Declaration

Signature of Complainant