

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

**INSOLVENCY PRACTITIONERS COMPLAINTS FORM**

**Section 1: Your Particulars**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Salutation:** | Mr. Ms. Mrs. Mdm. Dr.  Prof.   |  |  |  | | --- | --- | --- | | Others (*please state*): | |  | |  |  | | |
| **Name:** |  |
| **NRIC / FIN / Passport No.:** |  |
| **Nationality:** |  |
| **Address:** |  |
| **Contact No.:** |  |
| **Email Address:** |  |

**Section 2: Details of the Case**

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

**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**

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| **\*\*Description** |
|  |
| **\*\*\*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**

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| **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.** |

|  |  |
| --- | --- |
| **Date of Declaration** | **Signature of Complainant** |