

APPLICATION TO RETAIN ICAS MEMBERSHIP



RETENTION

Under ICAS Rule 3.13 Members are required to inform ICAS immediately if they are made insolvent. Insolvency is defined in the ICAS Rules as:

Any form of arrangement (statutory or non-statutory) for the purpose of management and repayment of a Member or Affiliate's debts to his or her creditors. If a Member is made insolvent, an application for retention in Membership may be made by completing and submitting the attached application form within 14 days from the date of the Insolvency event. Reference is made to Regulation 6.2 of the Admission Regulations.

The attached application form should be fully completed and returned either by email to complaints@icas.com or posted to the following address:

Investigations Department
ICAS, CA House
21 Haymarket Yards
Edinburgh, EH12 5BH

Please provide as much information as possible that is relevant to your application. No application will be considered until all the required information and documentation has been received by ICAS.

Each completed application form will be considered on its individual facts and merits. Please note it is at the discretion of ICAS' Investigation Committee whether a Member who has been made insolvent should be retained in Membership. Applications are not normally successful unless:

- There were circumstances beyond the control of the Member;
- The reason for the Member's insolvency was not directly attributable to his/her own actions; and/or
- The circumstances were not reasonably foreseen by the Member.

CHECKLIST

To help us to process your application as efficiently as possible, please ensure that the following are included with your application:

- Deed of appointment and similar documentation; and
- Estimate of assets and liabilities.

If there is insufficient space in any section to provide all the information required, please make reference to and attach any additional information to the application form.

FURTHER INFORMATION

If you have any queries regarding the retention process you may contact us on:

Investigations Department
Tel: +44 (0)131 347 0271
Email: complaints@icas.com

APPLICATION FORM

1 PERSONAL DETAILS

First/given name: Preferred first name:

Surname/family name: Title:

Previous name (if applicable): Date of birth:

Home address: (tick if this is your preferred mailing and billing address)

Address:

City/town: Postcode:

Country (other than Britain):

Email address: Contact number:

Membership number (if known):

2 EMPLOYMENT DETAILS

Current Employer:

Position Title:

Business Address: (tick if this is your preferred mailing and billing address)

Address:

City/town: Postcode:

Country (other than Britain):

Email address: Contact number:

	Yes	No
Have you informed your employer of your insolvency?	<input type="checkbox"/>	<input type="checkbox"/>

Will your membership status have an effect on your employment position?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please provide details

Please confirm any licences which are issued to you by ICAS or third parties (e.g. practising certificate, insolvency licence etc.)

Are you a member of any other professional bodies?

Yes No

If yes, please provide name(s) and details of membership

3 INSOLVENCY DETAILS

Please provide full background information to the circumstances giving rise to your present position.

Please provide any information available to demonstrate that your present position was not attributable to your own actions

Please define what contribution will be made to your creditors if you are retained in, and if you are not so retained in Membership.

Please provide the following additional information:

Trustee name:

Trustee address:

Date of insolvency:

Please note that your Trustee may be contacted to obtain information. If your insolvency has been dealt with by someone other than a trustee (e.g. a supervisor) please provide the relevant details.

Please provide full details as to why you wish to be retained in Membership.

4 OTHER INFORMATION

Please use this space to provide any other information that may be relevant to your application:

Please also attach copies of the following documents (if applicable) to your application form:

- Deed of appointment;
- Estimate of assets and liabilities.

5 DECLARATION

I confirm that the information contained in this application is true and accurate.

I hereby undertake that, if admitted to Membership of ICAS, I will be bound by and conform to the Rules and Regulations of the Institute that are now in force or may hereafter from time to time be made.

Signature: _____

Date: _____

Data Protection

The activities of ICAS necessarily include the gathering and processing of personal information. Any personal data collected will be used in accordance with current data protection and other related government legislation. Personal data (including sensitive data provided by you) will be processed for any registered purpose, including the maintenance of professional discipline and ethics. ICAS recognises its duty to ensure that personal data is processed fairly and treated confidentially at all times, irrespective of whether it is held on paper or by electronic means.