

FORM 2

Application for Trustee Licence (Individual)  
(Subsection 13(1) of the Act)

**GENERAL INFORMATION**

Candidate's Name (as you would like it to appear on a trustee licence)

\_\_\_\_\_

Family Name                      Given Name(s)

Date of Birth  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
year    month    day

Other Previous Legal Names or Aliases  
\_\_\_\_\_

Business Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_

Current Employer  
\_\_\_\_\_

Employment Began  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
year    month    day

Professional organization(s) of which you are or were a member (if any)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bankruptcy district(s) for which a licence is requested: \_\_\_\_\_

**ATTESTATION REGARDING PREREQUISITE QUALIFICATIONS**

I hereby attest, pursuant to the Directive on *Trustee Licensing*, that:

- a) I am not an insolvent person nor have I been in a *state of insolvency*<sup>1</sup> at any time within the five (5) years preceding the date of this application.
- b) I have:
  - i. successfully completed the Chartered Insolvency and Restructuring Professional (CIRP) Qualification Program (CQP), unless otherwise exempted;
  - ii. passed the CIRP National Insolvency Examination (CNIE); and
  - iii. successfully completed the Insolvency Counsellor's Qualification Course (ICQC), or I have enrolled in the ICQC and I agree to successfully complete the course before obtaining a licence.
- c) I am in good standing with and I am not subject to any current disciplinary action by any professional organization of which I am or was a member.

**DECLARATION REGARDING REPUTATION**

To assess whether you satisfy the reputation requirements under the Directive on *Trustee Licensing*, please answer the following questions:

(a) Have you ever been found guilty of an indictable offence for which a pardon has not been granted?

Yes  No

If yes, please provide details on the nature of the offence(s): \_\_\_\_\_

(b) Have you ever been found guilty of professional misconduct by any professional organization of which you are or were a member?

Yes  No

If yes, please provide details on the nature of the misconduct: \_\_\_\_\_

(c) Have you ever been in a state of insolvency<sup>1</sup>?

Yes  No

If yes, please provide details (estate name, estate number, district of the filing, date of discharge, etc.): \_\_\_\_\_

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<sup>1</sup> "State of insolvency" means being bankrupt, having filed a notice of intention or a proposal under the BIA, or being subject to any similar proceedings under federal, provincial, or foreign legislation.

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(d) Have you ever been a principal shareholder, director, or officer of a bankrupt corporation?

Yes  No

If yes, please provide details (corporation's estate name, estate number, district of the filing, date of discharge, etc.):

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**INCOMPATIBLE ACTIVITY**

I attest that, should I be granted a trustee licence, I will not engage in an incompatible activity, including any activity that would or may be perceived to create a conflict of duties, compromise my ability to perform any professional engagement, or jeopardize my integrity, independence or competence, including, but not limited to, the activities of a collection agent, a bailiff, an employee of the Office of the Superintendent of Bankruptcy (except when acting pursuant to sections 14.03 or 29 of the Act), a lawyer or a notary in the Province of Quebec.

**CONSENT AND AUTHORIZATION**

I hereby consent to and authorize:

- a) the Canadian Association of Insolvency and Restructuring Professionals (CAIRP) to share with the Office of the Superintendent of Bankruptcy (OSB):
  - i. the information that appears on my application to challenge the CNIE for the year that I passed the CNIE;
  - ii. any information appearing on any experience report I may have submitted prior to challenging the CNIE; and
  - iii. the results I obtained at the CNIE, both globally and on a per competency basis
- b) the OSB to publish my name and contact information on the *Trustee Registry* that is posted on the OSB website if I am granted a trustee licence; and
- c) the OSB to record my oral examination in accordance with the *Policy on Recording the Office of the Superintendent of Bankruptcy's Oral Examination*.

**DISCLOSURE AUTHORIZATION FOR RELEASE OF INFORMATION**

I understand that my application for a trustee licence is subject to an investigation and verification by the Royal Canadian Mounted Police (RCMP) regarding criminal records, ongoing or completed investigations and arrest warrants, as well as regarding my background. I hereby authorize, and give consent to, the RCMP or other police forces to release personal information and make full disclosure to the Office of the Superintendent of Bankruptcy, as provided by the *Privacy Act*. (Please initial) \_\_\_\_\_

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**DECLARATION AND SIGNATURE**

I, the undersigned, do solemnly declare that I am the applicant named in this application and that the information set out in this application and in the attached documents is, to the best of my knowledge and belief, true, correct and complete in all respects, and that I agree to respect the conditions contained in this form if the Superintendent issues me a licence. I further confirm that an original copy of Form 2, including required documentation along with a cheque for \$300 payable to the Receiver General of Canada, will be mailed to the OSB, within 24 hours of emailing this application, at the following address:

Industry Canada  
Office of the Superintendent of Bankruptcy  
Licensing Services  
Heritage Place  
155 Queen Street, 4th Floor  
Ottawa, Ontario K1A 0H5

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Applicant's name in block letters

\_\_\_\_\_  
Signature of applicant

**REQUIRED DOCUMENTATION**

Please include the documents listed below with your application. If any items are not provided, please indicate the reason for the information being excluded and the date when it will be provided to the Office of the Superintendent of Bankruptcy.

1. A criminal record check from a Canadian Law Enforcement Agency.
2. A copy of your certificate of completion of the Insolvency Counsellor's Qualification Course or proof of enrolment.
3. A curriculum vitae containing your academic background and a list of employment positions held during the last ten (10) years.
4. A detailed description of your experience in insolvency matters (see attached table).
5. A letter from your sponsor attesting to the fact that you are ready to appear before an Oral Board of Examination and that any areas for improvement identified via the sponsor or the CNIE results have been adequately addressed.

Where you intend to practise either with a trustee firm (i.e., partnership or corporate licence) or as an employee of another trustee:

6. A supporting letter in which a partner or the employer undertakes to provide the necessary resources (work facilities, equipment and personnel) that will be required for the execution of your duties as a trustee, as well as insurance coverage (professional liability insurance **and** employee dishonesty (fidelity) insurance).

In all **other** cases (to obtain authorization to begin accepting professional engagements):

7. A personal balance sheet.
8. Details of necessary resources (work facilities, equipment and personnel) that will be at your disposal during the execution of your duties as a trustee, and of banking arrangements.
9. Proof of insurance coverage (professional liability insurance **and** employee dishonesty (fidelity) insurance).

**APPLICATION FOR A TRUSTEE LICENCE —  
BREAKDOWN OF AREAS OF EXPERIENCE IN INSOLVENCY MATTERS**

**Name of Applicant:** \_\_\_\_\_ **Firm:** \_\_\_\_\_

Please provide a list of the main activities you performed in relation to each category of work listed below together with your best estimate as to the percentage (%) of time expended on the activities throughout the experience period.

**Consumer Bankruptcies**

Percentage of overall time during the year \_\_\_\_\_

**Consumer Proposals**

Percentage of overall time during the year \_\_\_\_\_

**Commercial Bankruptcies**

Percentage of overall time during the year \_\_\_\_\_

**Commercial Proposals / CCAA**

Percentage of overall time during the year \_\_\_\_\_

**Interim Receiverships**

Percentage of overall time during the year \_\_\_\_\_

**Receiverships, Agent or Mandatory, Look-see, Secured Creditors**

Percentage of overall time during the year \_\_\_\_\_

**Other non-insolvency work (i.e., audit, tax, accounting, forensic accounting)**

Percentage of overall time during the year \_\_\_\_\_

**Total years of experience:** \_\_\_\_\_

I, the undersigned applicant for a trustee licence, hereby attest that the above information faithfully reflects my experience in insolvency matters and other fields during the periods indicated.

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date:**

I, the undersigned, a trustee of the firm where the applicant is currently employed or associated, hereby attest that the information provided by the applicant, for the period of time with this firm, faithfully reflects the extent of his/her experience in insolvency matters and other fields.

\_\_\_\_\_  
**Signature of Licensed Insolvency Trustee**

\_\_\_\_\_  
**Licensed Insolvency Trustee's name in block letters**

\_\_\_\_\_  
**Date:**