

IMPORTANT NOTICE

Please read the following notes before completing the application form:

- i. In accordance with the Institute (Membership and Fees) Rules, the membership of a member who has a bankruptcy order made against him will be automatically removed from the register, unless he submits an application for membership retention within 21 days from the date of notification on the bankruptcy order as published in the Government Gazette.
- ii. Please provide as much information as possible that is relevant to your application. You may enclose supporting documents (e.g. Statement of Affairs) to support your application. Application will only be processed if it is fully completed and signed. The Institute may request for any other supporting documents and, in its discretion, to interview you, where required.
- iii. Each application will be considered on its individual facts and merits. While your application is being considered, you will be suspended until such time as the Council has determined the outcome of the application.
- iv. Upon approval of your application, your membership will be suspended until such time that you have been discharged from bankruptcy. Please inform the Institute to resume your membership by paying the prevailing membership subscription fee and providing official discharge document(s) as supporting document. The Institute may at its discretion require any other supporting documents.

1. PERSONAL PARTICULARS

Name: _____

Membership ID: _____ Nationality: _____

Singapore PR: Yes No NA

Mobile Phone: _____ Home Phone: _____

Email: _____

Home Address: _____

Please tick if this is also
your mailing address:

Mailing Address: _____

(Please fill up your
mailing address if it is
different from your
home address) _____

2. EMPLOYMENT DETAILS

Current Employer: _____

Position: _____ Date Joined: ___/___/___

Company Email: _____ Company Phone: _____

Have you informed your employer of your insolvency? No Yes
(Please provide details below)

Will your Membership status have an effect on your employment position? No Yes
(Please provide details below)

If "Yes", please provide details:

Are you a member of any other professional bodies? No Yes
(Please provide details below)

If "Yes", please provide name(s) and details of other membership:

3. BANKRUPTCY DETAILS

Main Reason for Bankruptcy:

- | | |
|--|---|
| <input type="checkbox"/> Business Failure | <input type="checkbox"/> Criminal Offence |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Liabilities due to Guarantees of a Personal Nature |
| <input type="checkbox"/> Loss of Income – Retrenchment | <input type="checkbox"/> Overspending (Personal/family) |
| <input type="checkbox"/> Loss of Income – Medical/Ill Health | <input type="checkbox"/> Speculation |
| <input type="checkbox"/> Others: | |
-

Sources of Debt contributing to Bankruptcy:

- | |
|--|
| <input type="checkbox"/> Credit Facilities from Financial Institutions |
| <input type="checkbox"/> Hire-Purchase Facilities |
| <input type="checkbox"/> Loans from Licensed Moneylenders |
| <input type="checkbox"/> Personal Loans |
| <input type="checkbox"/> Others: |
-

Please provide background information resulting in your present position and any information (with supporting document) to demonstrate that your present position was not attributable to your own actions.

4. MEMBERSHIP

Please explain why you are keen to be retained in Membership and how this would help you in paying off the Target Contribution to become eligible for discharge within a specified timeframe.

6. DECLARATION

I confirm that I had previously read and had agreed to the [Terms of Use](#) and the [Privacy and Data Protection Policy](#) which sets out how my personal data will be collected, used, disclosed and processed by ISCA and the purposes of processing.

I declare that the information contained in this application is true and accurate. I agree to be bound by the membership rules relating to the removal or suspension of membership, as may be amended, modified or supplemented from time to time by the Institute.

By submitting this form, I declare that I have read the important notice and agree with the above statements, unless stated otherwise, and my personal profile and information is true and complete to the best of knowledge and belief.

Signature: _____

Date: _____