

HONG KONG INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

Proforma for Certification of Experience (Form SDI-E)

- NOTES:
1. This form must be signed by the applicant's supervisor, if he/she holds the Insolvency Specialist Designation (SD), or by an appropriately authorised person at the firm.
 2. If the supervisor does not hold the Insolvency SD, the appropriate authorised person would still be the supervisor. For an applicant who is the most senior person in an independent practice (i.e. there is no supervisor), we accept certification by the Human Resources (HR) Department. Where there is no HR, we accept self certification of experience.
 3. If an applicant is a partner and there is no supervisor in the same technical specialisation (e.g. insolvency), we accept certification either by a partner of the applicant who is senior to the applicant or by a partner in the same technical specialization (e.g. an insolvency partner).
 4. Where the applicant is a sole proprietor, self-certification is allowed.
 5. Any change in position, even within the same department, should be recorded.
 6. Use one Proforma for each employment.
 7. Only **ORIGINAL** Form SDI-E will be accepted.
 8. Certification of Experience presented in any other format will only be accepted if it clearly provides all the necessary information required by the Proforma.
 9. Where an applicant has difficulty in obtaining certification from a former employer, please state the reasons for the difficulty in your application and provide documentary evidence to support the insolvency experience.
 10. The Institute will only accept a Certification of Experience issued by the present employer of an applicant within the last six months from the date of receipt by the Institute.

**To: The Registrar,
Hong Kong Institute of Certified Public Accountants,
27th Floor, Wu Chung House,
213 Queen's Road East,
Wan Chai, Hong Kong.**

Certification of Experience for

Mr./Mrs./Ms./Miss/Dr.* _____
(Surname) *(Other names)*

regarding his/her* application for Insolvency Specialist Designation.

1. (A) **Period of Service:** From _____ To _____
(dd/mm/yyyy) *(dd/mm/yyyy)*

(B) **Position:** _____

(C) **Department:** _____ (D) **Location:** _____

(E) **Nature of insolvency work:** _____

(Please use separate sheet(s), if necessary.)

* Please delete as appropriate.

(Please turn overleaf)

2. (A) **Period of Service:** From _____ To _____
(dd/mm/yyyy) (dd/mm/yyyy)

(B) **Position:** _____

(C) **Department:** _____ (D) **Location:** _____

(E) **Nature of insolvency work:** _____

(Please use separate sheet(s), if necessary.)

Name of Employer: _____ Sole proprietorship of applicant **

Registered Office: _____

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Name of supervisor/authorised person: Mr./Mrs./Ms./Miss/Dr.* _____
(Surname) (Other names)

Signing this certification of experience in the capacity of: *(please tick "✓" all that apply)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Immediate supervisor | <input type="checkbox"/> Partner senior to the applicant | <input type="checkbox"/> Fellow partner in same technical specialisation |
| <input type="checkbox"/> Department / Division Head | <input type="checkbox"/> Human Resources Department
<small>(because the applicant has no supervisor)</small> | <input type="checkbox"/> Self
<small>(for sole proprietors and those who are the most senior in the practice)</small> |

Position held: _____ **Department:** _____

Holder of SD (Insolvency) *** SD (Insolvency) No.: _____

Telephone No.: _____ **Fax No.:** _____ **Email:** _____

Signature: _____ **Date:** _____
(dd/mm/yyyy)

* Please delete as appropriate.
 ** Please put a "✓" if the applicant is a sole proprietor and therefore self-certification is acceptable.
 *** Please put a "✓" if applicable.

IMPORTANT

Personal data collected from the application process and administration of the insolvency SD will be used for the purpose of the administration of the insolvency SD. Data collected may be accessible by the Institute's officers, persons or committees processing the application and related matters. In addition, the Institute may use the collected data for statistical research and analysis, for keeping members informed of its services and for other uses internally. The Institute intends to use the personal data of your name, email address and correspondence address to inform you of CPD activities, members' benefits, goods, services, facilities and events organized or provided by the Institute or other organizations. Member may opt out from receiving such materials at any time by login the following link <https://www.hkicpa.org.hk/en/members-area/comm-preference/>.

Applicants may access their personal data kept by the Institute and, if applicable, correct or update it. Please contact the Membership & Admission Department at 27th Floor, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong (tel.: 2287 7228) for the purpose.

Unless otherwise agreed, hard copies of any documents containing your personal data that you provide to the Institute will become the property of the Institute and will not be returned to you. The Institute will destroy any documents it holds in accordance with its internal policy and applicable laws. Please refer to the Institute's privacy policy and personal information collection statement on its website at: <http://www.hkicpa.org.hk/en/>.