



Annual statement by a liquidator

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

Lodgement details

Who should ASIC contact if there is a query about this form?

Firm/organisation

Contact name/position description

ASIC registered agent number (if applicable)

Telephone number

Postal address or DX address

1 Liquidator details

Liquidator registration number

Family name Given name

Firm name (if applicable)

Residential address and contact details

Unit, level

Street number and street name

Suburb/City State/Territory

Postcode Country (if not Australia)

Telephone number Facsimile number

Email address

Date of birth

Date of birth
 / /
[D] [D] [M] [M] [Y] [Y]

2 Period of statement

From / / to / /
[D] [D] [M] [M] [Y] [Y] [D] [D] [M] [M] [Y] [Y]

3 Current status of practice

Are you still practising as a liquidator?

 Yes No

If no, please complete a Form 905A *Notification of ceasing to act as or change to details of a liquidator* and lodge this with ASIC together with the applicable fee.

4 Capacity in which liquidator is practising

Please indicate the capacity in which you are now practising.

 Sole trader Employee of a partnership Employee of a company Partner in a partnership Director of a company Other, please specify

Date commenced in current practice

 / /
[D] [D] [M] [M] [Y] [Y]

How many professional insolvency staff does your practice employ? Please provide your answer in terms of full time equivalents.

Provide the number of unfinalised external administrations to which you have been appointed that are on hand at the end of the period covered by this statement.

5 Practice details – principal place of practice as a liquidator

Regardless of the type of practice and whether you are an owner, director or employee, complete these details

ABN/ACN

Business name/Firm name/Company name (if applicable)

Business registration number (if applicable)

State/Territory of registration

Office, unit, level

Street number and street name

Suburb/City

State/Territory

Postcode

Country (if not Australia)

Telephone number

Facsimile number

Email address

6 Practice details – any other place of practice as a liquidator

If you practice as a liquidator in other entities or locations, complete these details.

ABN/ACN	
<input type="text"/>	
Business name/Firm name/Company name (if applicable)	
<input type="text"/>	
Business registration number (if applicable)	State/Territory of registration
<input type="text"/>	<input type="text"/>
Office, unit, level	
<input type="text"/>	
Street number and street name	
<input type="text"/>	
Suburb/City	State/Territory
<input type="text"/>	<input type="text"/>
Postcode	Country (if not Australia)
<input type="text"/>	<input type="text"/>
Telephone number	Facsimile number
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	

7 Professional membership

Are you a member of a professional accounting body or other industry body?

Yes No

 ↳ If yes, please select which professional bodies

CPA Australia

Institute of Public Accountants

Chartered Accountants Australia and New Zealand

Australian Restructuring Insolvency and Turnaround Association

Other, please specify

 ↳

8 Continuing professional education

How many hours of insolvency-related continuing professional education have you undertaken in the period covered by this statement?

Have you participated in any of the following activities during the period covered by this statement?

Specialist insolvency conferences/discussion groups/workshops/courses

Writing of technical papers or participation in technical committees

Private study of insolvency publications

Other, please specify

 ↳

9 Statement

Residency

Are you currently resident in Australia?

Yes No

Has there been any time in the period of this statement when you were not resident in Australia?

Yes No

If yes, provide details:

Start date of overseas residency

/ /
[D] [D] [M] [M] [Y] [Y]

End date, or expected end date of overseas residency

/ /
[D] [D] [M] [M] [Y] [Y]

Place of overseas residency

Reasons for overseas residency

During the period when you were not resident in Australia, did you undertake any insolvency related work?

Yes No

If yes, provide details:

Disciplinary action

Were you disqualified from managing a corporation under Part 2D.6 of the Corporations Act during the period of this statement?

Yes No

If yes, provide date of, and reason for disqualification

Date of disqualification

/ /
[D] [D] [M] [M] [Y] [Y]

Reasons for disqualification

Were you excluded or suspended from practice as an auditor or liquidator, or subject to any other disciplinary action by any of the following bodies during the period of this statement?

- ASIC
- The Companies Auditors and Liquidators Disciplinary Board
- Chartered Accountants Australia and New Zealand/CPA Australia/Institute of Public Accountants
- Tax Practitioners Board
- Any other body having authority in Australia or elsewhere relating to the registration or disciplining of auditors or liquidators

Yes No

If yes, provide date of, body and reason for exclusion or suspension

Date of exclusion or suspension

/ /
[D] [D] [M] [M] [Y] [Y]

Body by which you were excluded or suspended

9 Continued... Statement

Disciplinary action

Reasons for exclusion or suspension

Do you have a status equivalent to that of an insolvent under administration under the law of a country other than Australia or under the law of an external territory ?

Yes No

If yes, provide date of insolvency and jurisdiction

Date of insolvency

/ /
[D] [D] [M] [M] [Y] [Y]

Jurisdiction

Do you have any legal or disciplinary proceedings pending against you that may result in action that would require disclosure under any of the above items ?

Yes No

If yes, provide date proceedings commenced and nature of proceedings

Date proceedings commenced

/ /
[D] [D] [M] [M] [Y] [Y]

Nature of proceedings

Convictions

Were you convicted of any offences, other than a traffic offence, during the period of this statement?:

Yes No

If yes, provide date of conviction and description of offence

Date of conviction

/ /
[D] [D] [M] [M] [Y] [Y]

Description of offence

Resignations/removals

Did you resign or were you removed from office as an auditor or external administrator during the period of this statement other than in completing an external administration?

Yes No

If yes, provide the following details for each resignation or removal

Name of body or entity audited or under external administration

ABN, ACN, ARSN, ARBN (if applicable)

Date of resignation/removal

/ /
[D] [D] [M] [M] [Y] [Y]

Capacity resigned/removed from (auditor or external administrator)

9 Continued... Statement

Resignations/removals

Did you resign or were you removed?
 Resigned Removed

Reason for resignation /removal

Public practice certificate

Do you hold a public practice certificate from:

- CPA Australia
 Institute of Public Accountants
 Chartered Accountants Australia and New Zealand
 None of the above

Professional indemnity insurance

Do you have current professional indemnity insurance? (Refer s1284 of the Act)

Yes No

Name of insurer

Name of placing broker (if applicable)

Policy number

Period of policy from

/ /
 [D] [D] [M] [M] [Y] [Y]

to

/ /
 [D] [D] [M] [M] [Y] [Y]

External administrations

Provide the following details in relation to external administrations under Chapter 5 of the Corporations Act in which you have played a significant role or participated in the conduct of, during the period of this statement. You need only provide this information for a maximum of 10 external administrations and you may include members' voluntary liquidations.

Name of body or entity under external administration	ACN (if applicable)	Type of appointment	Role in external administration

9 Continued... Statement

Insolvency related activity

Did you engage in any of the following types of insolvency related activity during the period covered by this statement?

Advisory/workout/rehabilitation assignments

Yes No

Formal appointments carried out under relevant legislation in foreign jurisdictions

Yes No

Personal insolvency work

Yes No

Work performed for ASIC

Yes No

Preparing and/or presenting technical material

Yes No

Other

Yes No

If yes, please specify and explain connection with insolvency

Estimate the total number of hours you have spent on insolvency work or insolvency related activity during the period of this statement

Percentage* of these hours spent working on insolvent external administrations under Chapter 5 of the Corporations Act (insolvent excludes members' voluntary liquidations)

Percentage* of these hours spent engaged in insolvency related activity not specifically connected with insolvent external administrations under Chapter 5 of the Corporations Act

*Please note that these two percentages should add up to 100%

	Total hours
	% of total hours
	% of total hours

Signature

This form must be signed by the registered liquidator.

Declaration

I declare that to the best of my knowledge and belief, the information supplied in, and with, this document is complete and accurate.

Acknowledgement

I acknowledge that the Australian Securities and Investments Commission may take action to verify that the statements and certifications made in this document are not false or misleading.

Name

Signature

Date signed

/ /
 [D] [D] [M] [M] [Y] [Y]

Lodgement

Send completed and signed forms to:
 Australian Securities and Investments Commission,
 PO Box 4000, Gippsland Mail Centre VIC 3841.

For more information

Web www.asic.gov.au
 Need help? www.asic.gov.au/question
 Telephone 1300 300 630

Guide:

Annual statement by a liquidator

This guide does not form part of the form. It is included by ASIC to assist you in completing and lodging the Form 908.

Signature	This form must be signed by the registered liquidator					
Lodgement fees	A lodgement fee applies to this form. For information on fees refer to www.asic.gov.au/forms .					
Lodgement period	Within one month of the anniversary of your registration as a liquidator.					
Late fees	Late fees will apply if you notify a change outside of the lodgement period. For information on fees refer to www.asic.gov.au/forms . A form is not considered lodged until it is received and accepted by ASIC as being in compliance with s1274(8) of the Corporations Act 2001. A receipt will not be issued unless requested.					
How to provide additional information	<p>Photocopied Form 908 pages If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement.</p> <p>Attachments Attachments must be labelled as shown below.</p> <p>Sample</p> <table border="1"><tr><td>Liquidator name:</td></tr><tr><td>Attachment name:</td></tr><tr><td>Number of pages:</td></tr><tr><td>Date prepared:</td></tr><tr><td>Special status (if any) eg Commercial-in-Confidence, Draft only, etc :</td></tr></table>	Liquidator name:	Attachment name:	Number of pages:	Date prepared:	Special status (if any) eg Commercial-in-Confidence, Draft only, etc :
Liquidator name:						
Attachment name:						
Number of pages:						
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Special status (if any) eg Commercial-in-Confidence, Draft only, etc :						
Privacy	The information provided to ASIC in this form may include personal information. Please refer to our privacy policy (www.asic.gov.au/privacy) for information about how we handle your personal information, your rights to seek access to and correct personal information, and to complain about breaches of your privacy.					
Lodgement	Send completed and signed forms to: Australian Securities and Investments Commission, PO Box 4000, Gippsland Mail Centre VIC 3841. For more information Web www.asic.gov.au Need help? www.asic.gov.au/question Telephone 1300 300 630					