



INSOL INTERNATIONAL

**INDIVIDUAL MEMBER APPLICATION FORM**

Recovery and Insolvency Specialists Association (Cayman) Limited

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Education Background/Qualifications: \_\_\_\_\_  
\_\_\_\_\_

Memberships of Professional Bodies: \_\_\_\_\_  
\_\_\_\_\_

Qualifications as a Licensed Professional:  
Organization/Date: \_\_\_\_\_  
Organization/Date: \_\_\_\_\_  
Organization/Date: \_\_\_\_\_

Number of Years insolvency experience: \_\_\_\_\_

Area of expertise: \_\_\_\_\_

Total number of hours on insolvency work last 5 years: \_\_\_\_\_

I hereby certify that I am a member of good standing of the professional organization(s) listed above and that the statements in this application are true and correct. I further confirm that I will review and will abide by the by-laws of Recovery and Insolvency Specialists Association (Cayman) Limited

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_