IP 2 – Practical insolvency experience

Please populate all the fields in the table below so we can assess if you meet the insolvency hour experience requirements.
Please provide evidence of your practical insolvency experience.

Nature of appointment *Provide details of nature of appointment (eg Receiverships Act 1993 etc)*	**Appointing agent** *Provide details of the person/organisation making the appointment (eg bank etc.)*	**Entity subject to your appointment**	**Period of your appointment** From *(eg dd/mm/yy/)*	To *(eg dd/mm/yy/)*	**Type of work (e.g. at a senior level)**	**Your role**	**Insolvency hours (total)**
						Total	0

NEW ZEALAND
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ACCOUNTANTS