

# 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)*

