

FORM A
CERTIFICATE OF PROFESSIONAL MEMBERSHIP
(Under bye-law 10 of the Agency's bye-laws)

No.

1. This is to certify that *[insert name]* residing at *[insert address]* is enrolled as a professional member of *[insert name of insolvency professional agency]* with professional membership no. *[insert number]*.
2. This certificate shall be valid from *[insert date]*.

Sd/-

For and on behalf of *[name of insolvency professional agency]*

Place: Date: