



**PERSATUAN PENGAMAL INSOLVENSI MALAYSIA
(INSOLVENCY PRACTITIONERS ASSOCIATION OF MALAYSIA)**

Particulars of Character Referee

Name	
NRIC / Passport No.	
Address	
Occupation	
Duration of Acquaintance	

Acknowledgement

I hereby believe _____, from my personal knowledge, to be
(Name of Applicant)
a fit and proper person to be registered as a member of the iPAM.

Signature

Name :

Date :