"Overseeing your financial freedom"
An External Department of the
Ministry of Industry, Investment and Commerce

Office of the Supervisor of Insolvency
THE REIT Building, 2nd Floor,
52-60 Grenada Crescent, Kingston 5
(876) 619-8046
info.osi@miic.gov.jm

AIO-F-002

APPLICATION FOR ASSESSMENT - LETTER OF AUTHORIZATION

Full Name (Applicant/Representative):……

Contact Number:…….

Address:…….

Email Address:…….

To: The Supervisor of Insolvency
Office of the Supervisor of Insolvency
52-60 Grenada Crescent, 2nd Floor
Kingston 5

Date:……

TO WHOM IT MAY CONCERN

I hereby, authorize the Supervisor of Insolvency (SOI) and any officer he/she may delegate, to carry out the necessary verification checks and investigations into my/ the Applicant financial affairs for the purposes of assessing and verifying my/the Applicant's solvency/insolvency status.

I understand that these checks include but are not limited to:

(1) access to my/the Applicant's financial history at financial institutions;

(2) access to information from employers/employees; and

(3) access to information regarding legal proceedings that would otherwise be privileged and consent to the release of said information.

I further consent to the SOI conducting negotiations with my/the Applicant's creditors with a view to settling my/the Applicant's indebtedness.

Yours sincerely,

……..
(Signature of Applicant/Applicant's Representative)

***Please note that copies of all documents submitted will form part of our files, and clients will only be entitled to the return of originals. The information provided in this form will be subject to investigation to validate its accuracy. By signing the form, you have authorized the OSI to carry out the necessary checks to verify the information herein.**

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