

Official Receiver's Office ("ORO")
Electronic Submission System ("ESS")
User Registration of Principal Administrator Account
Application Form

Important Notes:

- (1) The purpose of registering a Principal Administrator Account ("**PA Account**") with the ESS is to enable the user to send information or documents through the ESS to the ORO. The personal information collected in this application form, as well as any authorization for the identity verification process, will be used solely for the processing of the application for registration of PA Account with the ESS. An applicant who wishes to register and login the ESS by iAM Smart should provide the applicant's identity number as shown in the Hong Kong Identity Card.
- (2) All fields in this application form marked with an asterisk (*) are mandatory. If the application form or the supporting documents provided are found to be not in order, the applicant will be asked to provide supplementary information before the application can be further processed.
- (3) You are advised to read (1) Guidelines for User Registration of Electronic Submission System ("**the Guidelines**") and (2) Terms and Conditions for Use of Electronic Submission System of Official Receiver's Office via Private Insolvency Practitioners Portal ("**the Terms and Conditions**") before completing this form. The Guidelines and the Terms and Conditions can be accessed at the ORO Website.
- (4) Please ensure that all the supporting documents are attached to the completed application form.
- (5) Notification(s) will be sent to the applicant by email. The email address provided in the application form will be used for communication with the applicant for the ESS registration matters and be served as an additional means to notify the account user that a message has been sent to the Message Box on the ESS. The account user should login the ESS account to view the messages regularly.

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Particulars of Principal Administrator Account ("the Applicant")	
Title	Dr/ Miss / Mr/ Mrs/ Ms/ Sir/ None ^: _____
Name (In English)*	(Surname) _____ (Given Name) _____ [Remarks: The name should be the same as that shown in the identification document]
(In Chinese)	(Surname) _____ (Given Name) _____
Identification Document Type* (Please select one)	<input type="checkbox"/> HK Identity Card No.: [Remarks: Please provide HKID number if you wishes to login via iAM Smart as well] <input type="checkbox"/> Passport No.: <input type="checkbox"/> Passport Issuing Country: <input type="checkbox"/> Other Identification Document and Document No. (Please specify): _____ _____
Job/ Post Title:(English)*	_____
(Chinese)	_____
Professional Qualification: (Please provide copy of relevant certificate of qualification)	<input type="checkbox"/> HKICPA Membership No.: _____ <input type="checkbox"/> Member of other professional body: _____ Membership No.: _____ <input type="checkbox"/> Professional Diploma in Insolvency (organised by HKICPA) Year of Completion: _____
Contact Address*:	_____ _____ _____ _____
Telephone No.*:	_____
Mobile Phone No.:	_____
Fax No.:	_____
Email Address*:	_____

Affiliated Organisation Information (I)	
Firm Name: (In English)*	_____
(In Chinese)	_____
Organisation Registration Document Type and No.*:	<input type="checkbox"/> Business registered with the Business Registration Office only Business Registration Certificate No.: _____
	<input type="checkbox"/> Company registered with the Companies Registry Unified Business Identifier No. (if applicable): _____
	<input type="checkbox"/> Other Registration Document (if applicable): _____
Registered Address:	_____

Email Address for receiving notifications:	_____
Length of service with the firm:	_____
Request user creation function of:	<input type="checkbox"/> Subsidiary Administrator Accounts <input type="checkbox"/> Basic User Accounts
Company Chop:	_____
Affiliated Organisation Information (II)	
Firm Name: (In English)*	_____
(In Chinese)	_____
Organization Registration Document Type and No.*:	<input type="checkbox"/> Business registered with the Business Registration Office only Business Registration Certificate No.: _____
	<input type="checkbox"/> Company registered with the Companies Registry Unified Business Identifier No. (if applicable): _____
	<input type="checkbox"/> Other Registration Document (if applicable): _____
Registered Address:	_____

Email Address for receiving notifications:	_____
Length of service with the firm:	_____
Request user creation function of:	<input type="checkbox"/> Subsidiary Administrator Accounts <input type="checkbox"/> Basic User Accounts
Company Chop:	_____

Declaration	
<p>1) I confirm that the above information given is true and complete, and matches with the supporting document(s) provided.</p> <p>2) I have read, understood and agreed with the Terms and Conditions for using the ESS of ORO.</p>	
Signature of the Applicant *	<div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="text-align: right; margin-top: -10px;">Date</div>

* *Mandatory*

^ *Please delete as appropriate*

☐ *Please tick as appropriate*