



CHARTERED INSOLVENCY AND RESTRUCTURING PROFESSIONAL
QUALIFICATION PROGRAM

**License Insolvency Trustee Agreement to
Assess the Reflections Assignments (to be
completed by the LIT)**

Name: _____

Company/Firm Name: _____

Mailing Address: _____

Business Telephone: _____

Email Address: _____

***If you cannot find a LIT to assess your assignment you must contact CAIRP prior
to your registration for the course. An assessment fee will be charged.**

Candidate Name: _____

Candidate Name: _____

Candidate Name: _____