

SECOND SCHEDULE

FORM A

[Under Regulation 6 or Regulation 9 of the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016]

To

The Chairperson

Insolvency and Bankruptcy Board of India

Subject: Application for registration as an insolvency professional / insolvency professional for limited period

Sir/Madam,

I, having been enrolled as a professional member with the (please write the name of the insolvency professional agency), hereby apply for registration as

(a) an insolvency professional /

(b) an insolvency professional for limited period (strike off which is not applicable)

under section 207 of the Insolvency and Bankruptcy Code, 2016 read with Regulation 6 or Regulation 9 of the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016.

My details are as under:

A. PERSONAL DETAILS

1. Title (Mr/Mrs/Ms):
2. Name:
3. Father's Name:
4. Date of Birth:
5. Place of Birth:
6. PAN No.:
7. AADHAAR No.:
8. Passport No.:
9. Address for Correspondence:
10. Permanent Address:
11. E-Mail Address:
12. Mobile No.:

B. EDUCATIONAL, PROFESSIONAL AND INSOLVENCY EXAMINATION QUALIFICATIONS**1. Educational Qualifications**

[Please provide educational qualifications from Bachelor's degree onwards]

Educational Qualification	Year of Passing	Marks (%)	Grade/ Class	University/College	Remarks, if any

2. Professional Qualifications

Professional Qualification	Institute / Professional Body	Membership No. (if applicable)	Date of enrolment	Remarks, if any

3. Insolvency Qualifications

- 3.1. Have you passed Limited Insolvency Examination? (Yes / No)
- 3.2. Have you passed National Insolvency Examination? (Yes / No)

C. WORK EXPERIENCE

1. Are you presently in practice / employment? (Yes/ No)
2. Number of years in practice (in years and months):
3. If in practice, address for professional correspondence:
4. Number of years in employment (in years and months):
5. Experience Details (from the date of enrolment as Advocate / Chartered Accountant / Company Secretary / Cost Accountant/ Bachelors' Degree)

Sl. No.	From Date	To Date	Employment / Practice	If employed, Name of Employer and Designation	If in practice, practice as Advocate / Chartered Accountant / Company Secretary / Cost Accountant	Area of work

D. INSOLVENCY PROFESSIONAL AGENCY

1. Please give details of the insolvency professional agency with which you are enrolled as a professional member.
2. Please state your professional membership number.

E. ADDITIONAL INFORMATION

1. Have you ever been convicted for an offence? Yes/ No.
If yes, please give details.
2. Are any criminal proceedings pending against you? (Yes/ No)
If yes, please give details.
3. Have you ever been declared as an undischarged insolvent, or applied to be declared so? (Yes/ No)
If yes, please give details.
4. Please provide any additional information that may be relevant for your application.

F. ATTACHMENTS

1. Copy of proof of residence.
2. Copies of documents in support of educational qualifications, professional qualification and insolvency examination qualifications.
3. Copies of documents demonstrating practice as -
 - i. a chartered accountant enrolled with the Institute of Chartered Accountants of India;
 - ii. a company secretary enrolled with the Institute of Company Secretaries of India;
 - iii. a cost accountant enrolled with the Institute of Cost Accountants of India; or
 - iv. an advocate enrolled with the Bar Council of any State in India;
4. Copies of certificate of employment from the employer(s), specifying the period of such employment.
5. Financial statement / Income Tax Returns for the last three years.
6. Copy of certificate of professional membership with an insolvency professional agency.
7. Passport-size photo.
8. Evidence of deposit / payment of five thousand rupees / ten thousand rupees, as applicable.

G. AFFIRMATIONS

1. Copies of documents, as listed in section F of this application form have been attached/ uploaded. The documents attached/ uploaded are
- I undertake to furnish any additional information as and when called for.
2. I am not disqualified from being registered as an insolvency professional under the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016.
 3. This application and the information furnished by me along with this application is true and complete. If found false or misleading at any stage, my registration/ registration for limited period shall be summarily cancelled.
 4. I hereby undertake to comply with the requirements of the Insolvency and Bankruptcy Code, 2016, the rules, regulations and guidelines issued thereunder, the bye-laws of the insolvency professional agency with which I am enrolled, and the resolutions passed and directions given by the Board and the Governing Board of such insolvency professional agency.
 5. The applicable fee has been paid.

Name and Signature of applicant

Place:

Date:

VERIFICATION BY THE INSOLVENCY PROFESSIONAL AGENCY

We have verified the above details submitted by ... who is our professional member with professional membership no. ... and confirm these to be true and correct. We recommend registration of ... as an insolvency professional.

(Name and Signature)

Authorised Representative of the Insolvency Professional Agency

Seal of the Insolvency Professional Agency

Place:

Date:

SECOND SCHEDULE

FORM B

INSOLVENCY AND BANKRUPTCY BOARD OF INDIA

CERTIFICATE OF REGISTRATION

IP REGISTRATION No. ____

[Under Regulation 7 of the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016]

1. In exercise of the powers conferred by Regulation 7 of the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016 the Board hereby grants a certificate of registration to *[insert name]*, to act as an insolvency professional in accordance with these Regulations.
2. This certificate shall be valid from *[insert start date]*.

Sd/-

(Name and Designation)

For and on behalf of Insolvency and Bankruptcy Board of India

Place:

Date:

SECOND SCHEDULE

FORM C

[Under Regulation 12 of the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016]

To

The Chairperson

Insolvency and Bankruptcy Board of India

Sub.: Application for recognition as an insolvency professional entity**Sir/Madam,**

1. I, being duly authorized for the purpose, hereby apply on behalf of *[name and address of the applicant]* for recognition as an insolvency professional entity under the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016, and enclose proof that I am authorized to make this application and correspond with the Board in this respect.
2. I, on behalf of *[insert name]*, affirm that the applicant is eligible to be recognised as an insolvency professional entity.
3. I, on behalf of *[insert name]*, hereby affirm that –
 - i. all information contained in this application is true and correct in all material respects,
 - ii. no material information relevant for the purpose of this application has been suppressed, and
 - iii. recognition granted in pursuance of this application may be cancelled summarily if any information submitted herein is found to be false or misleading in material respects at any stage.
4. If granted recognition, I, on behalf of *[insert name]*, undertake to comply with the requirements of the Code, the rules, regulations or guidelines issued thereunder, and such other terms and conditions as may be imposed by the Board while granting the certificate of recognition or subsequently.

Yours faithfully,

Authorized Signatory

(Name)

(Designation)

Place :

Date :

ANNEXURE TO FORM C**PART I
GENERAL**

1. Name of the applicant:
2. Address of registered office and principal place of business of the applicant:
3. Corporate Identification Number (CIN)/ Certificate of Registration:
4. PAN:
5. Name, designation and contact details of the person authorized to make this application and correspond with the Board in this respect:

**PART II
DIRECTORS/ PARTNERS**

1. Please state the details of all directors/ partners of the applicant:

Sl. No.	Name and address of the director/ partner	DIN	PAN	Registration No. as an insolvency professional	Professional membership No.

Yours faithfully,

Authorized Signatory
(Name)
(Designation)

Place :

Date :

**SECOND SCHEDULE
FORM D
INSOLVENCY AND BANKRUPTCY BOARD OF INDIA
CERTIFICATE OF RECOGNITION**

INSOLVENCY PROFESSIONAL ENTITY RECOGNITION NO. ____*[Under Regulation 13 of the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016]*

1. In exercise of the powers conferred by Regulation 13 of the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016 the Board hereby grants a certificate recognising *[insert name]*, as an insolvency professional entity.
2. This certificate of recognition shall be valid from *[insert start date]*.

Sd/-

(Name and Designation)

For and on behalf of Insolvency and Bankruptcy Board of India

Place:

Date:

DR. M. S. SAHOO, Chairperson
[ADVT.-III/4/Ext./314/16(482)]