FORM AA

WRITTEN CONSENT TO ACT AS RESOLUTION PROFESSIONAL

(Under Regulation 3(1A) of the Insolvency and Bankruptcy Board of India (Insolvency Resolution Process for Corporate Persons) Regulations, 2016)

[Date]

From

[Name of the insolvency professional]

[Registration number of the insolvency professional]

[Address of the insolvency professional registered with the Board]

To

The Committee of Creditors [name of corporate debtor]

Subject: Written Consent to act as resolution professional.

- I, [name], an insolvency professional enrolled with [name of insolvency professional agency] and registered with the Board, note that the committee proposes to appoint me as resolution professional under section 22(3)(a) / 22(3)(b) / 27(2) of the Code for corporate insolvency resolution process of [name of the corporate debtor].
- 2. In accordance with regulation 3(1A) of the Insolvency and Bankruptcy Board of India (Insolvency Resolution Process for Corporate Persons) Regulations, 2016, I hereby give consent to the proposed appointment.
- 3. I declare and affirm as under:
 - a. I am registered with the Board as an insolvency professional.
 - b. I am not subject to any disciplinary proceedings initiated by the Board or the Insolvency Professional Agency.
 - c. I do not suffer from any disability to act as a resolution professional.
 - d. I am eligible to be appointed as resolution professional of the corporate debtor under regulation 3 and other applicable provisions of the Code and regulations.
 - e. I shall make the disclosures in accordance with the code of conduct for insolvency professionals as set out in the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016;

f. I am having the following processes in hand:

Sl. No.	Role as	No. of Processes on the date of Consent
1	Interim Resolution Professional	
2	Resolution Professional of	
	a. Corporate Debtors	
	b. Individuals	
3	Liquidator of	
	a. Liquidation Processes	
	b.Voluntary Liquidation Processes	
4	Bankruptcy Trustee	
5	Authorised Representative	
6	Any other (Please state)	

Date: (Signature of the insolvency professional)
Place: Registration No.

FORM AB

WRITTEN CONSENT TO ACT AS AUTHORISED REPRESENTATIVE

(Under Regulation 4A(3) of the Insolvency and Bankruptcy Board of India (Insolvency Resolution Process for Corporate Persons) Regulations, 2016)

[Date]

From

[Name of the insolvency professional]

[Registration number of the insolvency professional]

[Registered address of the insolvency professional]

То

The Interim Resolution Professional [name of corporate debtor]

Subject: Written Consent to act as authorized representative.

- I, [name], an insolvency professional enrolled with [name of insolvency professional agency] and registered with the Board, note that you have proposed to appoint me as the authorized representative of financial creditors in a class [specify class] in the corporate insolvency resolution process of [name of the corporate debtor].
- 2. In accordance with regulation 4(A) of the IBBI (Insolvency Resolution Process for Corporate Persons) Regulations, 2016, I hereby give my consent to the proposed appointment.
- 3. I declare and affirm as under:
 - a. I am registered with the Board as an insolvency professional.
 - b. I am not subject to any disciplinary proceedings initiated by the Board or the Insolvency Professional Agency.
 - c. I do not suffer from any disability to act as an authorized representative.
 - d. I shall not canvass with the creditors to indicate their choice in my favour in Form CA.

e. I am having the following processes in hand:

Sl. No.	Role as	No. of Processes on the date of Consent
1	Interim Resolution Professional	
2	Resolution Professional of	
	a. Corporate Debtors	
	b. Individuals	
3	Liquidator of	
	a. Liquidation Processes	
	b. Voluntary Liquidation Processes	
4	Bankruptcy Trustee	
5	Authorised Representative	
6	Any other (Please state)	

Date:	(Signature of the insolvency professional)
Place:	Registration No".

(b) for Form C, the following Forms shall be inserted, namely: -

"FORM C

SUBMISSION OF CLAIM BY FINANCIAL CREDITORS

(Under Regulation 8 of the Insolvency and Bankruptcy Board of India (Insolvency Resolution Process for Corporate Persons) Regulations, 2016)

[Date]

From

[Name and address of the financial creditor, including address of its registered office and principal office]

To

The Interim Resolution Professional / Resolution Professional,

[Name of the Insolvency Resolution Professional / Resolution Professional]

[Address as set out in public announcement]

Subject: Submission of claim and proof of claim.

Madam/Sir,

[Name of the financial creditor], hereby submits this claim in respect of the corporate insolvency resolution process of [name of corporate debtor]. The details for the same are set out below: