

3. A sum of Rs. ..., as worked out in Para 2 above, has been deposited into the account of the Board, vide..... ..
4. I, [insert name], hereby affirm that –
- i. all information contained in this statement is true and correct in all material respects and
  - ii. no material information relevant for the purpose of this statement has been suppressed.

Yours faithfully,

Place:  
Date: -----

-----  
(Name)  
(Registration Number)

## FORM F

*[Under Regulation 13 (2) (b) and 13 (2) (c) of the Insolvency and Bankruptcy Board of India  
(Insolvency Professionals) Regulations, 2016]*

To  
The General Manager (IPE Division)  
Insolvency and Bankruptcy Board of India

*Subject: Information of cessation/joining of a Director / Partner in an insolvency professional entity.*

*Sir / Madam,*

I, [Insert name], being duly authorized for the purpose, submit the following information in compliance with sub-regulation (2) (b) and (2) (c) of regulation 13 of the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016:

### 1. Details of the IPE

- a. Name of the IPE:
- b. Date of Recognition by the Board:
- c. Recognition Number:
- d. E-mail address registered with the Board:
- e. Name and Designation of Authorised Signatory:

### 2. Details of director / partner who ceased to be a partner/ director of the IPE

Description	Particulars
<b>Details of director / partner</b> <ul style="list-style-type: none"> <li>a. Name</li> <li>b. Registration No. as IP (If applicable)</li> <li>c. Date of Registration (If applicable)</li> <li>d. E-mail Address Registered with the Board as IP (If applicable)</li> </ul>	
<b>Details of Cessation</b> <ul style="list-style-type: none"> <li>a. Date of Cessation as director / partner</li> <li>b. Whether Ceased as Whole Time Director?</li> <li>c. Reason of Cessation (Resignation / Removal / Any other)</li> <li>d. Date of Filing of Cessation with the Concerned Authority</li> </ul>	

### 3. Details of director / partner who joined the IPE

Description	Particulars
Details of director / partner a. Name b. Registration No. as IP (If applicable) c. Date of Registration (If applicable) d. E-mail Address Registered with the Board as IP (If applicable)	
Details of Joining a. Date of Joining as director / partner b. Whether Joined as Whole Time Director? c. Date of Filing of Joining with the Concerned Authority	

### 4. Composition of the Board / Partnership of the IPE before and after cessation/joining of the Director / Partner

Sl. No.	Composition (Before)				Composition (After)			
	Name of the Director/ Partner	Designation (Whole Time Director / Director / Partner)	Status as an IP		Name of the Director/ Partner	Designation (Whole Time Director / Director / Partner)	Status as an IP	
			Yes / No	If yes, IP Registration Number			Yes / No	If yes, IP Registration Number
1								
2								
3								
4								

5. I am submitting the above information within seven days of the cessation or joining, as the case may be.

6. A sum of Rs. ..., as required under the regulation 13(2)(b), 13(2)(c) and 15, has been deposited into the account of the Board, vide..... ..

7. I certify that the above information is true and correct.

Yours faithfully,

(Authorised Signatory)

(Name)

(Designation)

(IPE Name)

(IPE Recognition Number)

Place:

Date:

### FORM G

*[Under Regulation 13 (2) (ca) of the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016]*