

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]

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

Subject: Annual statement of turnover of insolvency professional entity.

Sir / Madam,

1. I, [Insert name], being duly authorized for the purpose, hereby submit the annual statement of turnover (whether received or not) from services rendered by the (write name of the insolvency professional entity) in the financial year [insert financial year], as under:

Sl. No.	Name of Debtor	Name of IP who rendered services as IRP / RP / Liquidator / Trustee / Other, if any	Broad description of kind of service rendered	Turnover from services rendered in the year (In Rs.)
1				
2				
3				
Total				

2. The following amounts are payable to the Board:

Sl. No.	Under regulation	Amount Payable (Rs.)
1	Regulation 13 (2) (ca)	
2	Regulation 15, being interest from ... to	
Total		

3. A sum of Rs. ..., as worked out in Para 2 above, has been deposited into the account of the Board, vide..... ..
4. I, on behalf of [insert name of entity], 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,

(Authorised Signatory)
(Name)

(Designation)

(IPE Name)

(IPE Recognition Number)

Place:

Date

(Dr. M. S. Sahoo)
Chairperson

[ADVT . - _____]