

“FORM AA

[Under Regulation 6 (1A) of the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016]

To

The Executive Director (IP Division)

Insolvency and Bankruptcy Board of India

Sub.: Application for registration as an insolvency professional.

Sir/Madam,

1. I, being duly authorised for the purpose, hereby apply on behalf of [*name of the applicant entity*], recognised by the Board as an insolvency professional entity with recognition number [*recognition number*], having registered address at [*registered address of the applicant entity*] for registration as an insolvency professional under section 207 of the Insolvency and Bankruptcy Code, 2016 read with regulation 6 (1A) of the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016 (IP Regulations). I hereby enclose proof (certified copy of Board/ Partner's Resolution) that I am authorised to make this application and correspond with the Board in this respect.

ADDITIONAL INFORMATION

2. Whether the applicant entity is a subsidiary, joint venture or associate of another company or body corporate? (Yes/ No)

If yes, please give complete details of such company or body corporate.

3. Whether the applicant entity and/ or any of its partner or director, as the case may be, is a fit and proper person in terms of regulation 4 of IP Regulations? (Yes/ No)

If yes, please give complete details along with current status.

4. Please provide any additional information that may be relevant for grant of certificate of registration.

AFFIRMATION

5. I, on behalf of [*name of the applicant entity*], affirm that the applicant entity has at all times complied with regulations 12 and 13 of the IP Regulations.

6. I, on behalf of [*name of the applicant entity*], affirm that the applicant is eligible to be registered as an insolvency professional.

7. I, on behalf of [*name of the applicant entity*], 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. registration 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.
- iv. the applicant entity may be derecognised if any information submitted herein is found to be false or misleading in material respects at any stage.

8. I, hereby confirm that the applicable fee has been paid to the Board vide [*please enter the payment details along with date of making the payment*] and enclose proof thereof.

9. If granted registration, I, on behalf of [*name of the applicant entity*], undertake to comply with the requirements of the Code, the rules, regulations or circulars or guidelines issued thereunder, and such other terms and conditions as may be imposed by the Board while granting the certificate of registration or subsequently.

Yours faithfully,

Authorised Signatory

(Name)

(Designation)

(Insolvency Professional Registration Number of Authorised Signatory -----)

(Name of the Insolvency Professional Entity-----)

(Recognition Number of the Insolvency Professional Entity----)

Place:

Date :

ATTACHMENTS

1. Certified copy of Board / Partners' Resolution authorising the person to make this application and correspond with the Board in this respect.
2. Copy of Certificate of Recognition.
3. Copy of Certificate of Professional Membership issued by the Insolvency Professional Agency

Yours faithfully,

Authorised Signatory

(Name)

(Designation)

(Insolvency Professional Registration No. of Authorised Signatory-----)

(Name of the Insolvency Professional Entity-----)

(Recognition Number of the Insolvency Professional Entity----)

Place :

Date :..."