

“FORM AA

UNIFIED ENROLMENT AND REGISTRATION APPLICATION FORM

[Under regulation 10 of Insolvency and Bankruptcy Board of India (Model Bye- Laws and Governing Board of Insolvency Professional Agencies) Regulations, 2016 and Regulation 6 (1A) of the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016]

Part – I

TO BE SUBMITTED BY THE APPLICANT

To

The Managing Director,

<Name of the Insolvency Professional Agency>

Subject: Application for enrolment as professional member and registration as insolvency professional

Sir/Madam,

I, being duly authorized 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*]

I hereby apply for –

- (i) enrolment as a professional member with the *<name of the insolvency professional agency>* under regulation 10 of Insolvency and Bankruptcy Board of India (Model Bye- Laws and Governing Board of Insolvency Professional Agencies) Regulations, 2016; and
- (ii) 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.

I hereby enclose proof (certified copy of Board/ Partner’s Resolution) that I am authorized to make this application and correspond with the Board in this respect.

ADDITIONAL INFORMATION

1. 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.

2. Whether the applicant entity is undergoing or has undergone an insolvency resolution process? (Yes/ No)

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

3. Whether the applicant entity is an undischarged bankrupt? (Yes/ No)

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

4. Whether the applicant entity is a fit and proper person in terms of regulation 4(g) of IP Regulations? (Yes/ No)

If No, please give complete details along with current status.

5. Whether all the partners or directors, as the case may be, of the applicant entity are fit and proper person in terms of regulation 4(g) of IP Regulations? (Yes/ No)

If No, please give complete details along with current status.

6. Please provide any additional information that may be relevant.

AFFIRMATIONS

1. 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.

2. I, on behalf of [*name of the applicant entity*], affirm that the applicant entity is eligible to be enrolled as a professional member with the insolvency professional agency.

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

5. If granted certificate of membership, 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 Agency while granting the certificate of membership or subsequently.

Yours faithfully,

Authorized Signatory

(Name)

(Designation)

(Insolvency Professional Registration Number-----)

(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 Insolvency Professional Agency in this respect.

2. Copy of Certificate of Recognition issued by the Board.

3. Evidence of deposit / payment of applicable fee.

Part - II

TO BE SUBMITTED BY THE PROFESSIONAL MEMBER

[For the purposes of registration as an Insolvency Professional]

INFORMATION UPDATE

1. Do you wish to update the information submitted in Form AA at the time of application seeking enrolment with the IPA? (Yes/No)

AFFIRMATIONS

1. I, on behalf of [*name of the insolvency professional entity*], affirm that the insolvency professional entity has at all times complied with regulations 12 and 13 of the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016.

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

3. I, on behalf of [*name of the insolvency professional 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 insolvency professional entity may be derecognised if any information submitted herein is found to be false or misleading in material respects at any stage.

4. 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.

5. If granted certificate of registration, I, on behalf of [*name of the insolvency professional 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,

Authorized Signatory

(Name)

(Designation)

(Insolvency Professional Registration Number-----)

(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 Membership issued by the Insolvency Professional Agency.
3. Evidence of deposit / payment of applicable fee.
4. Copy of proof towards information updated in the Form AA, wherever applicable.

Part - III

TO BE SUBMITTED BY THE INSOLVENCY PROFESSIONAL AGENCY

[For the purposes of registration as an Insolvency Professional]

To,

The Executive Director (IP Division)

Insolvency and Bankruptcy Board of India

Subject: Application for registration as an insolvency professional

Sir / Madam,

The application for registration received from [*Name of the professional member*] after obtaining the membership [*Professional Membership Number*], 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 is hereby submitted to the Board.

2. We have verified the details furnished by the professional member <*name of the entity*>, who is our professional member with <*professional membership no.*>. We hereby confirm that: -

- (i) the entity has _____ number of partners or directors, as the case may be, as on the date of forwarding application to the Board.
- (ii) the entity complies with the eligibility requirements laid down under regulation 12 and 13 of the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016.

3. We recommend registration of <*name of the professional member*> as an insolvency professional with the Board.

(Name and Signature)

Authorised Officer of the Insolvency Professional Agency

(Seal of the Insolvency Professional Agency).

Place:

Date: