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]

To

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)	

e insolvency professional) Registration No
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