**FORM AA
WRITTEN CONSENT TO ACT AS RESOLUTION PROFESSIONAL**(Under Regulation 3(1A) 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]
[Address of the insolvency professional registered with the Board]

To
The Committee of Creditors
[name of corporate debtor]

**Subject: Written Consent to act as resolution professional.**

I, [name], an insolvency professional enrolled with [name of insolvency professional agency] and registered with the Board, note that the committee proposes to appoint me as resolution professional under section 22(3)(a) / 22(3)(b) / 27(2) of the Code for corporate insolvency resolution process of [name of the corporate debtor].

2. In accordance with regulation 3(1A) of the Insolvency and Bankruptcy Board of India (Insolvency Resolution Process for Corporate Persons) Regulations, 2016, I hereby give consent to the proposed appointment.

3. I declare and affirm as under: -

1. I am registered with the Board as an insolvency professional.
2. I am not subject to any disciplinary proceedings initiated by the Board or the Insolvency Professional Agency.
3. I do not suffer from any disability to act as a resolution professional.
4. I am eligible to be appointed as resolution professional of the corporate debtor under regulation 3 and other applicable provisions of the Code and regulations.
5. I shall make the disclosures in accordance with the code of conduct for insolvency professionals as set out in the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016;
6. I am having the following processes in hand:

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| Sl. No. | Role as | No. of Processes on the date of Consent |
| 1 | Interim Resolution Professional |  |
| 2 | Resolution Professional ofa. Corporate Debtorsb. Individuals |  |
| 3 | Liquidator of a. Liquidation Processesb.Voluntary Liquidation Processes |  |
| 4 | Bankruptcy Trustee |  |
| 5 | Authorised Representative  |  |
| 6 | Any other (Please state) |  |

Date: (Signature of the insolvency professional)

Place: Registration No. .......