**FORM A**

WRITTEN CONSENT TO ACT AS BANKRUPTCY TRUSTEE

*(Under regulation 3(3) of the Insolvency and Bankruptcy Board of India (Bankruptcy Process for Personal Guarantors to Corporate Debtors) Regulations, 2019)*

*[Date]*

To

The Adjudicating Authority

[*Name of Bench*]

From

[*Name of the Insolvency Professional*]

[*Registration number of the Insolvency Professional*]

[*Address of the Insolvency Professional registered with the Board*]

**Subject: Written consent to act as bankruptcy trustee.**

1. I, [*name*], an insolvency professional enrolled with [*name of insolvency professional agency*] and registered with the Board, note that I have been proposed to be appointed as bankruptcy trustee for the bankruptcy process of [*name of the bankrupt*].

2. In accordance with regulation 3(3) of the Insolvency and Bankruptcy Board of India (Bankruptcy Process for Personal Guarantors to Corporate Debtors) Regulations, 2019, I hereby give 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 a bankruptcy trustee.

(d) I am eligible to be appointed as bankruptcy trustee of the bankrupt under regulation 3 of the Insolvency and Bankruptcy Board of India (Bankruptcy Process for Personal Guarantors to Corporate Debtors) Regulations, 2019 and other applicable provisions of the Code and regulations.

(e) 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;

(f) I have 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.Personal guarantors or individuals or partnership firms |  |
| 3 | Liquidator of:  a. Liquidation Process  b. Voluntary Liquidation Process |  |
| 4 | Bankruptcy Trustee |  |
| 5 | Authorised Representative |  |
| 6 | Any other (please state) |  |

Date:

Place:

(Signature of Insolvency Professional)

Registration No.…..