**FORM P5**

**WRITTEN CONSENT TO ACT AS AUTHORISED REPRESENTATIVE**

(Under regulation 15(iii) of the Insolvency and Bankruptcy Board of India (Pre-packaged Insolvency Resolution Process) Regulations, 2021)

From

[Name of the insolvency professional]

[Registration number of the insolvency professional]

[Registered address of the insolvency professional]

To

[Name of resolution professional], the resolution professional of pre-packaged insolvency resolution process of [name of corporate debtor]

**Subject: Written Consent to act as an authorised representative.**

1. 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 authorised representative of financial creditors in a class [specify class] in the pre-packaged insolvency resolution process of [name of the corporate debtor].
2. I hereby give my consent for the proposed appointment.
3. I am having the following processes in hand:-

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Role as** | **Number of processes on the date of consent** |
| **I** | **II** | **III** |
|  | Interim Resolution Professional |  |
|  | Resolution Professional in-   1. Insolvency resolution processes for corporate persons 2. Pre-packaged insolvency resolution processes 3. Insolvency resolution processes for individuals |  |
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|
|  | Liquidator of-  a. Liquidation Processes  b. Voluntary Liquidation Processes |  |
|  | Bankruptcy Trustee |  |
|  | Authorised Representative |  |
|  | Any other (Please state) |  |

1. I declare and affirm as under:-
2. I am not subject to any disciplinary proceeding initiated by the Board or the Insolvency Professional Agency.
3. I do not suffer from any disability to act as an authorised representative.
4. I shall not canvass with the creditors to indicate their choice in my favour.

|  |  |
| --- | --- |
| Date:  Place: | (Signature of the insolvency professional)  Registration No.\_\_\_\_\_\_\_\_  Authorisation for assignment (AFA) No. \_\_\_\_\_\_\_\_  Date of expiry of AFA\_\_\_\_\_\_\_\_  (Name in block letters)  (Name of insolvency professional entity, if applicable) |