**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: -

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 an authorized representative.
4. I shall not canvass with the creditors to indicate their choice in my favour in Form CA.
5. 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) |  |

Date: (Signature of the insolvency professional)

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