

## Enrolment and Registration of IPE as IP: Step-by-Step Guide

### Step 1: Submission of Enrolment application

The enrolment process can be initiated through filling-up of enrolment form (Annexure A) and then a hard copy of the application (along with annexures) need to be submitted with ICSI IIP at its address (ICSI House, 3rd Floor, C-36, Sector 62, Noida, UP – 201301). To expedite enrolment process, the applicant may also e-mail a scan copy of the form (and annexures) @ [enrollment.ipe@icsi.edu](mailto:enrollment.ipe@icsi.edu).

(Please note that the online enrolment process for IPEs is being developed and shall be rolled-out very soon).

#### Documents to be submitted

<b>Sr. No.</b>	<b>Description of Document</b>	<b>Original/Copy</b>
1	Board Resolution (or Partners' Resolution) of IPE concerning authorization of the signatory to application to file the application and do all further acts on behalf of IPE.	Certified True Copy (in original) to be submitted.
2	Certificate of Recognition issued by IBBI to applicant IPE.	Copy to be submitted.
3	CIN/LLPIN/Certificate of Registration of applicant IPE.	Copy to be submitted.
4	IPE's Permanent Account Number.	Copy to be submitted.
5	IPE's GST Registration Certificate.	Copy to be submitted.
6	IPE's Constitutional Documents (MoA/AoA) authorising it to take-up assignment as IP.	Copy to be submitted.
7	IPE's Board/Partners' resolution for modification in its MoA/AoA.	Certified True Copy (in original) to be submitted.
8	IPE's Net worth Certificate – Date of issuance to be not earlier than 90 days from date of date of enrolment application.	Copy to be submitted.
9	IPE's Form H (as filed with IBBI).	Copy to be submitted.
10	IPE's Audited Financial Statements (latest).	Copy to be submitted.
11	Certificate of Enrollment and Registration vis-à-vis Directors/Partners of IPE (those who are IPs).	Copy to be submitted.

12	Statement of Solvency vis-a-vis non-IP Directors/Partners of IPE.	Copy to be submitted.
13	Statement concerning ' <i>fit and proper</i> ' criteria vis-à-vis IP Directors/Partners of IPE.	To be submitted in original.
14	<p>Proof of payment of:</p> <ul style="list-style-type: none"> <li>- One-time enrolment fee;</li> <li>- Annual Membership Fee.</li> </ul> <p>(Above Payments can be made through online mode @ <a href="https://portal.icsiip.in/Login.aspx?Payment=true">https://portal.icsiip.in/Login.aspx?Payment=true</a>).</p>	Copy to be submitted.

### **Step 2: Fee Payment**

<b>If applying for Enrolment between 1st April to 30th September (both dates inclusive)</b>			
<b>Type</b>	<b>Fees</b>	<b>GST @ 18%</b>	<b>Total Fees</b>
Enrolment Fees	25,000/-	4,500/-	29,500/-
Membership Fees	25,000/-	4,500/-	29,500/-
<b>Total Fees Payable</b>			<b>59,000/-</b>

<b>If applying for Enrollment between 1st October to 31st March (Both dates inclusive)</b>			
<b>Type</b>	<b>Fees</b>	<b>GST @ 18%</b>	<b>Total Fees</b>
Enrolment Fees	25,000/-	4,500/-	29,500/-
Membership Fees	12,500/-	2,250/-	14,750/-
<b>Total Fees Payable</b>			<b>44,250/-</b>

### **Step 3: Acknowledgment of Application by ICSI IIP**

ICSI IIP shall acknowledged receipt of enrolment application within three working days from the receipt of application (through mail). After analyzing the application and documents submitted, a list of documents and information required (for enrolment) shall be mailed to the applicant.

**Step 4:** Once all documents and information is received, the enrolment certificate shall be issued to applicant IPE.

### **Step 5: Registration with IBBI**

After enrolment with ICSI IIP, the IPE may immediately apply for registration with IBBI. The prescribed form, Form AA (**Annexure B**) needs to be filled-in and submitted with ICSI IIP.

#### **Documents to be submitted**

<b>Sr. No.</b>	<b>Description of Document</b>	<b>Original/Copy</b>
1	<p>Proof of payment of IBBI's Registration Fee. Payment can be made through both online as well as offline mode.</p> <p>IBBI's Account Details are as follows:</p> <ul style="list-style-type: none"><li>- <u>Beneficiary</u>: Insolvency and Bankruptcy Board of India.</li><li>- <u>A/c No.</u>: 0128002100302250.</li><li>- <u>IFSC</u>: PUNB0112000.</li><li>- <u>Branch</u>: ECE House, Connaught Place, New Delhi-110001.</li><li>- <u>GST Number</u>: 07AAAGI0193K1ZD</li></ul>	Copy of payment receipt to be mailed to ICSI IIP.

**Acknowledgment of registration application by ICSI IIP**: ICSI IIP shall acknowledge receipt of registration application and shall inform on any deficiency thereof.

**Forwarding of Registration application to IBBI**: Once application is found to be complete and proof of payment received, IPE's registration application shall be forwarded to IBBI.

**Issuance of Registration Certificate to IPE**: Once the application for Registration is approved by IBBI, a Certificate of Registration shall be issued by IBBI.

**Enrolment Form for IPEs**

To  
Managing Director  
ICSI Institute of Insolvency Professionals  
3rd Floor, ICSI House, 22, Institutional Area, Lodhi Road  
New Delhi : 110003  
Email : [enrollment.ipe@icsi.edu](mailto:enrollment.ipe@icsi.edu)  
Sub: Application for the enrolment as an Insolvency professional

Sir/Madam,

I, being a partner/director, being duly authorised for the purpose by the partnership entity/company through a resolution/deed, hereby apply on behalf of partnership entity/company, and on behalf of its partners/directors, for enrolment as a professional member under Section 206 of the Insolvency and Bankruptcy Code, 2016 read with Insolvency and Bankruptcy Board of India (Insolvency Professionals), Regulations, 2016 & IBBI (Model Bye-Laws and Governing Board of Insolvency Professional Agencies) (Amendment) Regulations, 2016. The details of the applicant and its directors / partners are as under:

**A. BASIC DETAILS OF THE INSOLVENCY PROFESSIONAL ENTITY**

<b>S. No.</b>	<b>Name:</b>	
1.	Nature of constitution (Company /Limited Liability Partnership/ Registered Partnership)	
2.	Registration Number/ LLP Number/CIN Number:	
3.	PAN No.:	
4.	GSTIN (if available):	
5.	Registered office	
6.	Principal place(s) of business, if any:	
7.	Address for Correspondence	
8.	Telephone No.:	
9.	Name, designation and contact details of the person authorised to make this application and correspond with the Board on behalf of applicant:	
i.	Name:	
ii.	Designation:	
iii.	Address for correspondence:	
iv.	Mobile No. / Landline No:	
v.	E-mail address:	



6. Whether the applicant was at any time in the past derecognised as an insolvency professional entity. (Yes/No) If yes, please furnish the date of de-recognition and ground for de-recognition.
7. Whether any disciplinary proceeding has been initiated by the Board (IBBI) or the Insolvency Professional Agency against any director(s) / partner(s) of applicant, who was/is/are insolvency professional(s) of IPE. (Yes/No) If yes, please provide details.
8. Whether the applicant entity is a subsidiary, joint venture or associate of another company or body corporate? (Yes/ No) If yes, please annex complete details of such company or body corporate.
9. Whether the applicant entity and/ or any of its partner or director, as the case may be, is a fit and proper person in terms of regulation 4 of IP Regulations? (Yes/ No) If No please give complete details along with current status.
10. Whether the applicant entity and/ or any of its partner or director as the case may be,, ever been convicted for an offence? (Yes or No) If yes, please give details.
11. Whether the applicant entity and/ or any of its partner or director as the case may be, have any criminal proceedings pending? (Yes or No) If yes, please give details.
12. Whether the applicant entity and/ or any of its partner or director as the case may be, Are undischarged bankrupt, or have applied to be adjudged as a bankrupt? (Yes or No) If yes, please give details.
13. Please provide any additional information that may be relevant for grant of certificate of registration.

#### **D. AFFIRMATION**

1. I, on behalf of [name of the applicant entity], affirm that the applicant entity has at all times complied with the with Insolvency and Bankruptcy Board of India (Insolvency Professionals), Regulations, 2016 read with IBBI (Model Bye Laws and Governing Board of Insolvency Professional Agencies) (Amendment) Regulations, 2022)
2. I, on behalf of [name of the applicant entity], affirm that the applicant is eligible to be registered as an insolvency professional.
3. I, on behalf of [name of the applicant entity], hereby affirm that –
  - i. all information contained in this application is true and correct in all material respects,
  - ii. no material information relevant for the purpose of this application has been suppressed, and
  - iii. registration granted in pursuance of this application may be cancelled summarily if any information submitted herein is found to be false or misleading in material respects at any stage.
  - iv. the applicant entity may be derecognised if any information submitted herein is found to be false or misleading in material respects at any stage.

4. I, hereby confirm that the applicable fee has been paid to the IPA vide [please enter the payment details along with date of making the payment] and enclose proof thereof.
5. If granted enrolment, I, on behalf of [name of the applicant entity], undertake to comply with the requirements of the Code, the rules, regulations or circulars or guidelines issued thereunder, and such other terms and conditions as may be imposed by the IPA/Board while granting the certificate of enrolment or subsequently.

Yours faithfully,  
Authorised Signatory  
(Name)  
(Designation)

(Insolvency Professional Registration Number of Authorised Signatory -----)  
(Name of the Insolvency Professional Entity-----)  
(Recognition Number of the Insolvency Professional Entity----)

Place:  
Date:

#### ATTACHMENTS

1. Copy of Board / Partners' Resolution authorising the person to make this application and
2. make correspondence with the Board
3. Copy of Certificate of Recognition.
4. Copy of CIN/LLPIN/Certificate of Registration of the applicant
5. Copy of PAN of the applicant
6. Copy of GST Registration Certificate of the applicant
7. Copy of Memorandum of Association/LLP Agreement/Registered Partnership Deed of the
8. applicant
9. Copy of certificate of net worth issued by the Chartered Accountant, if any
10. Copy of Financial Statements of the applicant (including Provisional Financial Statements, as on same date on which net worth of applicant has been submitted)
11. Copy of Certificate of Registration issued by the Board to IPs who are directors or partners, as the case may be, of applicant
10. Evidence of deposit / payment of fee

Yours faithfully,  
Authorised Signatory  
(Name)  
(Designation)

(Insolvency Professional Registration Number of Authorised Signatory -----)  
(Name of the Insolvency Professional Entity-----)  
(Recognition Number of the Insolvency Professional Entity----)

Place:  
Date:

**FORM AA**

*[Under Regulation 6 (1A) of the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016]*

To The Executive Director (IP Division)  
Insolvency and Bankruptcy Board of India

Sub.: Application for registration as an insolvency professional.

Sir/Madam,

1. I, being duly authorised for the purpose, hereby apply on behalf of \_\_\_\_\_, recognised by the Board as an insolvency professional entity with recognition number \_\_\_\_\_ having \_\_\_\_\_ registered address at \_\_\_\_\_ for registration as an insolvency professional under section 207 of the Insolvency and Bankruptcy Code, 2016 read with regulation 6 (1A) of the Insolvency and Bankruptcy Board of India (Insolvency Professionals) Regulations, 2016 (IP Regulations). I hereby enclose proof (certified copy of Board/ Partner's Resolution) that I am authorised to make this application and correspond with the Board in this respect.

**ADDITIONAL INFORMATION**

2. Whether the applicant entity is a subsidiary, joint venture or associate of another company or body corporate? (Yes/ No)
- If yes, please give complete details of such company or body corporate.
3. Whether the applicant entity and/ or any of its partner or director, as the case may be, is a fit and proper person in terms of regulation 4 of IP Regulations? (Yes/ No)
- If yes, please give complete details along with current status.
4. Please provide any additional information that may be relevant for grant of certificate of registration.

**AFFIRMATION**

5. I, on behalf of \_\_\_\_\_ affirm that the applicant entity has at all times complied with regulations 12 and 13 of the IP Regulations.
6. I, on behalf of \_\_\_\_\_ affirm that the applicant is eligible to be registered as an insolvency professional.
7. I, on behalf of \_\_\_\_\_ hereby affirm that –

- (i) all information contained in this application is true and correct in all material respects,
  - (ii) no material information relevant for the purpose of this application has been suppressed, and
  - (iii) registration granted in pursuance of this application may be cancelled summarily if any information submitted herein is found to be false or misleading in material respects at any stage.
  - (iv) the applicant entity may be derecognised if any information submitted herein is found to be false or misleading in material respects at any stage.
8. I, hereby confirm that the applicable fee has been paid to the Board vide \_\_\_\_\_ and enclose proof thereof.

9. If granted registration, I, on behalf of \_\_\_\_\_, undertake to comply with the requirements of the Code, the rules, regulations or circulars or guidelines issued thereunder, and such other terms and conditions as may be imposed by the Board while granting the certificate of registration or subsequently.

Yours faithfully,  
Authorised Signatory  
(Name)  
(Designation)

(Insolvency Professional Registration Number of Authorised Signatory -----)  
(Name of the Insolvency Professional Entity-----)  
Recognition Number of the Insolvency Professional Entity----

Place:

Date:

#### ATTACHMENTS

1. Certified copy of Board / Partners' Resolution authorising the person to make this application and correspond with the Board in this respect.
2. Copy of Certificate of Recognition.
3. Copy of Certificate of Professional Membership issued by the Insolvency Professional Agency

Yours faithfully,  
Authorised Signatory  
(Name)  
(Designation)

(Insolvency Professional Registration Number of Authorised Signatory -----)  
(Name of the Insolvency Professional Entity-----)  
Recognition Number of the Insolvency Professional Entity----

Place:

Date: