

# Form CORP 19 Consent to Act as Designated Person

Form CORP 19

To be inserted by Court

Case Number:

Date Filed:

FDN:

## CONSENT TO ACT AS DESIGNATED PERSON

SUPREME COURT OF SOUTH AUSTRALIA  
CIVIL JURISDICTION  
Corporations List

IN THE MATTER OF [full name of corporation to which the proceeding relates and, if applicable, the words '(in liquidation)', '(receiver appointed)', '(receiver and manager appointed)', '(controller acting)', or '(under administration)']

ABN or ACN or ARBN: [insert ABN or ACN or ARBN]

Please specify the Full Name including capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable) for each party. Each party should include a party number if more than one party of the same type.

First Applicant

First Respondent

Lodging Party	Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable))	
Name of law firm / solicitor if any	Law Firm	Solicitor

Registered Liquidator	Full Name
Name of responsible officer Where body corporate	Full Name

Address	Street Address including unit or level number and name of property if required			
	City/town/suburb	State	Postcode	Country
	Email address			
Phone Details	Type - Number			

**Consent**

I, *[name]*, a registered liquidator, of *[address]* consent to be appointed by the Court and to act as the person designated by the Court under article *[19/21]* of the Model Law to *[administer/realise/distribute]* the assets of *[name of company]*.

I am not aware of any conflict of interest or duty that would make it improper for me to act as the person designated by the Court.

The time cost rates currently charged in respect of work done as the person designated by the Court by me, and by my partners and employees who may perform work in this administration, are set out below or in the Schedule attached to this Consent.

*[current rates – unless set out in schedule]*

I acknowledge that my appointment by the Court does not constitute an express or implied approval by the Court of these rates.

Date: *[date]*

.....  
Signature of registered liquidator

**Note**

The remuneration that an external administrator is entitled to receive for necessary work properly performed by the external administrator in relation to the external administration of a company is regulated by Division 60 of the Insolvency Practice Schedule (Corporations).

**Schedule**

If applicable

*[Description of time-cost rates]*