

**Format Of Application**  
**For Concurrent Audit of Treasury Operations**  
(on official letter-head)

The Deputy General Manager ( Compliance),  
STATE BANK OF INDIA  
Global Markets,  
Corporate Centre,  
14<sup>th</sup> Floor,  
State Bank Bhavan,  
Nariman Point,  
Madame Cama Road,  
Mumbai – 400 021.

Dear Sir,

**Application for appointment as Concurrent Auditors of Treasury Operations**

Please find enclosed information concerning our firm / company for consideration of our firm to carry out Concurrent Audit of your Treasury Operations.

We agree to undertake the project, if allotted by you, as per the mutually agreed scope of work. We hereby declare that our firm/ company does not have any pecuniary liability or any claim / pending legal proceedings against us or any other cause which hampers our ability to render services as envisaged. If the aforesaid representations / declaration or information in the Annexure is found to be false, the Bank shall be entitled to terminate the engagement / contract and/or initiate suitable action as deemed fit & appropriate.

Date:

Authorized Signatory

(Name - )

PARTICULARS TO BE FURNISHED FOR THE PURPOSE OF  
APPOINTMENT

1.	Name of the Organization	
2.	Address with e-mail	
3	Presence in how many countries ( Provide names of these countries)	
4	Presence in how many towns in India ( Provide names of these towns with address)	
5	Year of establishment	
6	Constitution (Company/ Firm etc) and Net Worth	
7	Names of the Directors/ Partners with Qualification, Experience and no. of continuous association with firm	
8	Name of the chief consultant	
9	Name and address of Bankers	
10	If Income Tax Assessee, furnish PAN No. and IT clearance Certificate	
11	What are your field	

	activities? Mention the fields in the order of preference	
12	Details of Whole Bank Audit / Central Statutory Audit done in the past 5 years*	
13	Number of Qualified Auditors in the firm. (excluding partners / directors listed at item no. 7 above).	

(If any column space is not sufficient, a separate sheet may be used, duly mentioning the column number and description.)

\*Where copies of documents are enclosed, the same should be clear Xerox copies certified by the concerned Banks.

Authorized Signatory

(Name - )

**PARTICULARS IN RESPECT OF WHOLE BANK AUDIT/  
CONCURRENT AUDIT ASSIGNMENTS HANDLED IN  
PSU BANKS / PRIVATE BANKS DURING LAST 5 YEARS**

<i>Sr.No</i>	<i>Name of the Bank</i>	<i>Short description of work</i>	<i>Period</i>	<i>Person incharge from client side with his designation and contact no.</i>

Proof in support of the above assignments may be furnished

**KEY PERSONNEL PERMANENTLY EMPLOYED**

<i>Sr. No</i>	<i>Name</i>	<i>Designation</i>	<i>Qualification</i>	<i>Experience</i>	<i>Years with the firm</i>	<i>Any other matter</i>

*Authorized Signatory*

**LIST OF AUDIT ASSIGNMENTS ON HAND (With Special reference to Banks and Treasury Audit)**

<i>Sr. No</i>	<i>Name of the Bank</i>	<i>Period</i>	<i>Details of work</i>

*Please furnish proof of the above details*

*Authorised signatory*