Form 2A

**Application from Cost Accounting Firms for making a panel for sending to RBI for considering them for empanelment as stock auditors in banks.**

Application form completed in all respect should reach the mail address mentioned in the notice on or before25thApril, 2016.

**FORM OF APPLICATION FOR EMPANELMENT**

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1. Concern Name

(In case practicing in individual name, please mention the name in **CAPITAL LETTERS**, please **do not** use prefix Ms./Mr./Mrs.etc before the concern name.)

1. Status (tick appropriate box below)

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| --- | --- | --- |
| 0 | Proprietary Concern |  |
| 1 | Partnership Firm |  |
| 2 | LLP |  |

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1. Firm Registrationi No.:

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1. P.A.N. /G.I.R. No.
2. Service -tax Registration No. (See also note no. ii at the bottom of this page)

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| S.No | Service Tax Registration No | Place where Registered under the Service Tax Act |
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1. Address(See Note No. iii at the bottom of this page)

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| State/ U.T. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pin |  |  |  |  |  | Fax No. |  |  |  |  |  |  |  |
| Mobile. No |  |  |  |  |  |  |  |  |  |  |  |  |  |
| E-mail |  |  |  |  |  |  |  |  |  |  |  |  |  |

Notes:

1. Firm Registration Number is the one issued by the Institute of Cost Accountants of India
2. Details of Service Tax Registration No. arc required to be filled up for Head Office as well as for branch office (s) also.
3. Full address, as per details in database of the Institute

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1. Year of Establishment

(Please mention the year in which the firm was established. In case of individuals, the Year of obtaining

Certificate of Practice should be mentioned.)

1. Particulars of Partners/Sole Proprietor (please fillup **Annexure A)**
2. Number of paid cost accountant employees in the concern (please fill up **Annexure B**)
3. Number of unqualified audit staff in the concern:
4. Audit Clerks:
5. Articled clerks:
6. Other Audit Staff:

Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Excluding administrative staff)

1. Experience in Audit of Financial Institutions (mention number of years)
2. Banks: PSBs: Private Banks: **\_\_\_\_\_\_\_\_\_\_**
3. Co-op Bank: **\_\_\_**
4. Other financial Institutions:

Name of organizations: **\_\_\_\_\_\_\_\_\_\_**

Number of years: ­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We, the undersigned, as Proprietor/Partners of M/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or as individual do hereby declare that the particulars as given above including in Annexure A & B are complete and correct in all respect to the best of my/our knowledge and belief. I/we further recognize that if any of the statements made therein or information furnished in the application from is not correct, I/We would be liable for disciplinary action under the Cost and Works Accountants Act, 1959, and Regulations framed there under.

I/We hereby declare that audit/other assignment allotment on the basis of information furnished in the application form will not be accepted and carried out if the firm in whose name the application is made is not in existence at the time of allotment.

I/We declare that the constitution of the firm as on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) shown in the application is the same as that in the certificate issued by the Institute of Cost Accountants of India as on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

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| S. No. | Name of Partner/Proprietor | Membership No. | PAN No. | Signature |
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To be signed by all partners. The signatures should correspond to those in the Institute's records.

**Date:**

**Place:**