**ANNEXURE I**

(To be furnished on the letter head of the firm / LLP on receipt of Offer)

**Application form for Empanelment of Concurrent Auditors in APGB**

General Information:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Name of the Firm | | | | |  | | |
| 2. | Complete Postal/Communication address with City/Pin code, State | | | | |  | | |
| 3. | Office Telephone No’s / Mobile No’s | | | | |  | | |
| 4. | Office Fax No with STD Code | | | | |  | | |
| 5. | E Mail Address (Validation) | | | | |  | | |
| 6. | Constitution | | | | | Individual/ Proprietorship/ Partnership Firm/ LLP | | |
| 7. | Date of formation/establishment of the Firm | | | | |  | | |
| 8. | Registration No of the Firm with date with institute of Charted Accountants of India (ICAI) | | | | |  | | |
| 9. | Registration No. of Firm/Co. With Date (unique Code Number) with RBI | | | | |  | | |
| 10. | GST Registration No. | | | | |  | | |
| 11. | C & AG Empanelment No | | | | |  | | |
| 12. | Permanent Account No of the Firm (Mandatory) | | | | |  | | |
| 13. | No of Partners | | | | |  | | |
| 14. | Additional Educational Qualifications/ Certifications (CISA/DISA, Etc...) | | | | |  | | |
| 15. | Name, Qualification, Membership No, year and other details (DISA qualification may also be mentioned) | | | | |  | | |
| Name of the Proprietor/ Partner/ Director | | | Contact Number | Educational Qualification | | Membership Number | Year | Brief Profile |
| 1. | | |  |  | |  |  |  |
| 2. | | |  |  | |  |  |  |
| 3. | | |  |  | |  |  |  |
| 4. | | |  |  | |  |  |  |
| 16. | Choice of Region in Descending Order | | | | | | | |
| S No. | | Region | | S No. | Region | | S No. | Region |
| 1. | |  | | 4. |  | | 7. |  |
| 2. | |  | | 5. |  | | 8. |  |
| 3. | |  | | 6. |  | | 9. |  |

|  |  |  |
| --- | --- | --- |
| 17. | Details of audit staff employed |  |
| a) | Qualified Charted Accountants |  |
| b) | Semi Qualified Charted Accountants |  |
| c) | Retired/ex-bank officers |  |
| d) | Article/audit clerks |  |
| e) | Other Assistants |  |
|  | Total |  |

II. PAST EXPERIENCE OF THE FIRM (Relating to various bank audits)

|  |  |  |  |
| --- | --- | --- | --- |
| Particulars | Name of the Bank | No. of years in completed years | During the period |
| A. Central Statutory Audit |  |  |  |
| B. Statutory Branch Audit |  |  |  |
| C. Concurrent Audit |  |  |  |
| D. Income/Revenue Audit |  |  |  |
| E. System/IS Audit |  |  |  |
| F. Any other special Audit/ Assignment allotted by the Bank |  |  |  |
| G. Details of Bank Audit Assignment currently on hand including as concurrent Audit if any. | | Bank | Type of audit |
| H. Areas of specialization of the firm/partners in Bank Audits (Large Corporate Branch, SME Branch, Housing Finance Branch, Any other Commercial Bank/Grameena Bank) | | | |
| I. Any other related details/ particulars of the Firm | | | |

Documents to be enclosed along with this application

1. Copy of partnership deed/memorandum and Articles of association
2. Certificate of registration with ICAI/ROC in the case of companies
3. Copy of UCN registration with RBI
4. Copies of letters received from the other banks assigning the work of concurrent Audit/ statutory audit./other audit to audit firms as reported in the application
5. Certificate copies of Additional Education Qualification
6. GST Registration Certificate
7. Any other relevant enclosures/evidence/reports which audit firm has mentioned in the application.

Place: Signature:

Date: Name of the Auditor

Membership Number:

Name of the firm:

Firm Registration No.: