



## Annexure - A

### Application/Profile to be submitted by Auditor/Audit Firm for Empanelment

1. Name of the Auditor/Audit Firm : \_\_\_\_\_

2. Constitution:

Proprietor	Partnership	Limited liability Partnership

**(Enclose a copy of the latest constitution certificate, memorandum of association and article of association and partnership deed as per applicability).**

3. a) Firm Registration Number (FRN) : \_\_\_\_\_

    b) Date of Membership Registration of the Firm: \_\_\_\_\_

4. Membership Registration no. Allotted by ICAI / ICMAI: \_\_\_\_\_

5. Registration no. with RBI : \_\_\_\_\_

**(Enclose proof)**

6. Registration no. with C&AG: \_\_\_\_\_

**(Enclose proof)**

7. Annual income of the firm : \_\_\_\_\_

**(Enclose proof i.e., Copy of the latest Income Tax Return)**

8. Details of Head Office of the firm: \_\_\_\_\_

    a) Name of the Principal Person: \_\_\_\_\_

    b) Address : \_\_\_\_\_

    c) Telephone no's : \_\_\_\_\_

    d) Fax no's : \_\_\_\_\_

    e) Mobile no's : \_\_\_\_\_

    f) Email address : \_\_\_\_\_

    g) PAN Number : \_\_\_\_\_

    g) GST Number (if applicable) : \_\_\_\_\_

**9. Details of Registered Branch, if any:**

Branch	Name of the In-charge	Address (along with Phone / fax / mobile/ e-mail)	State/UT	Whether establishment brought to the notice of ICAI (yes / no)
A				
B				
C				

**10. Particulars of Proprietor / Partners/Directors etc., as per constitution:**

S.no	Name	Age	Regd No. with ICAI / ICMAI	Date of COP	Qualifications (FCA / ACA/ACMA/FCMA)	Specialized Degree / Diploma	Annual Income (with Proof)
1							
2							
3							

**11. Staff Employed**

S.no	Particulars	Number	Date since Employed
1	Qualified Assistants FCA/FCMA		
	ACA/ACMA		
2	Semi-qualified Assistants		
3	Unqualified Assistants		
4	Computer Operators		

5	Others ( Specify)		
---	-------------------	--	--

**12. Experience (Enclose Details / documentary Evidences)**

S.no	Nature of Audit	Name of Banks/ Companies	No. of Branches	Period
1	Statutory Audit a) As banks Central Statutory Auditors b) As banks Branch Auditors c) Audit of other Companies			
2	Concurrent / Revenue Audit / Inspection			
3	I.S. Audit			
4	Stock Audit			
5	Risk Based Audit			
6	Other ( Specify)			

Details of any Bank Staff including Top Executives and Directors of Bank who might be related to your respective firm/any partner of the firm or in case of company (the beneficiary owners).

Name of the Staff/Executive/Board of Director related (A)	Code Number if applicable (B)	Current posting of the Official (C)	Current Designation (D)	Relationship of key person of company/firm with Staff, Executives and Directors of the Bank (E)	Name of person related to (F)	Status of the Person in the company (G)	Name of all Partners/ Directors of the Firm (H)

**Signature / Seal of  
Firm**

**P.S: A hardcopy of this form along with all the necessary proofs and a copy of LOU (Letter of Undertaking) is to be sent to S, C & Audit Department, J&K Bank, M A Road Srinagar 190001, without which the application shall not be accepted.**