APPLICATION FOR EMPANELMENT OF CONCURRENT AUDIT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl.No | Particulars | Details | | | |
| 1 | Name of the CA Firm  (Partnership firm only) |  | | | |
| 2 | Address |  | | | Pin code |
|  |
| 3 | Office telephone.  (with STD Code) |  |  | | |
|  |
| 4 | Name & Mobile No. of the  nominated FCA partner of  the CA Firm to whom Bank  may/ will contact, in  connection with the  assignment applied for. | Name: | | | |
| Mobile/Landline No: | | | |
| Email Id: | | | |
| 5 | Fax No/s. |  | | | |
| 6 | E-mail address(es) of CA  Firm |  | | | |
| 7 | Date since when working  as Partnership Firm only.  (ICAI Certificate be  enclosed) |  | | | |
| 8 | Total experience as  Concurrent Auditor in  Scheduled Commercial Banks/Cooperative Banks as on 31.03.2025 | Years: | | Months: | |
| (Enclose all Certificates) | | | |
| 9 | Registration No. of Firm  with ICAI |  | | | |
| 10 | RBI Unique Code / UCN No |  | | | |
| 11 | Total no of staffs employed |  | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 12. Particulars of All Partners (Only full time partners) (No staff details to be  mentioned) | | | | | | | |
| Sr.  No | Name | Age  (in  year | ICAI Membership no | Whether  passed  DISA\*\*/CISA  (Xerox copies  of the  certificates to  be enclosed) | Whether  FCA or  ACA | Mobile no | E-mail Address |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total Partners: | | FCA : | | | | | |
| ACA : | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 13. Experience of Concurrent Audit of Scheduled Commercial Banks/Cooperative Banks (No other audits details to be mentioned here, except Concurrent Audit (Copy of appointment letters  for concurrent audit assignment/s be enclosed | | | | |
| Name of the Branch | Name of the Bank | Date: From | Date: To | Total Period |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 14. Whether the Firm or any partner has ever been debarred by ICAI/RBI. If yes,  details be mentioned. | | |
| Sr.  No | Name of the Partner  (Sh.) | Brief Reasons for Debar |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| 15. CONSTITUTION  {Copy of Partnership Deed + Copy of Constitution Certificate issued by the ICAI certifying the constitution of the Firm, their branches & date from which it is continuing  as a Partnership Firm (latest) to be enclosed} |  |

16. Other Detail/s if any………………………………………..

17. Fee quoted: ………………………………

18. “Application for Empanelment of CA firm for Concurrent Audit” should be mentioned on the envelope.

19. Certificate/s:

a) We hereby confirm that the Firm/any partner is neither Statutory Auditor nor associate concern (as defined by RBI) of Statutory Auditors of Branches of KSC Apex Bank Ltd & have not been disqualified on any of grounds given under Sec 226 of the Companies Act. 1956.

b) We also confirm that the details/information furnished above are / is true and correct. In case, any detail furnished above is found incorrect later on, the Bank has the right to terminate the assignment given, without giving any notice.

c) We also undertake that we will not sub-contract / sub-assign the audit assignment.

d). We hereby declare that we will not lobby directly or indirectly for consideration of any credit proposals of friends / relatives / clients / non clients of the Bank.

e) We also hereby declare that if our name is included in the bank’s list of approved Concurrent Auditors, we will undertake to do the tasks entrusted to us in the best interest of the Bank.

f) We shall also abide by the rules and regulations of the Bank in force from time to time and will always keep the bank’s interest foremost in our mind.

20. Signature of All Partners:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.No | Name (Sh./ Smt.) | Signature | ICAI  Membership  No. | Office Seal |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(Signature of all partners with Name and ICAI Membership No. & Office Seal)

Date: