Annexure - I

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

**Application form for Empanelment of Statutory Auditor in GCUB**

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 |  |

1. 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/Co-operative 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.:

**Form B**

**Eligibility Certificate**

**Name of the Firm:**

**Registration number:**

1. **Particulars of the firm:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Minimum no. of Full-Time partners (FTPs) associated with the firm for a period of atleast three (3) years** | **Out of total FTPs, Minimum No. of Fellow Chartered Accountant (FCA) Partners associated with the firm for a period of at least three (3) years** | **Minimum No. of Full Time Partners/ Paid CAs with CISA/ISA Qualification** | **Minimum No. of years of Audit Experience of the firm** | **Minimum No. of Professional staff** |
| A | B | C | D | E |
| 3 | 2 | 1 | 8 | 12 |

\*Exclusively associated in case of all Commercial Banks (excluding RRBs), and UCBs/NBFCs with asset size of more than $1,000 crore. #Details may be furnished separately for experience as SCAs/Sas and SBAs.

|  |  |  |
| --- | --- | --- |
| **Details of Experience as Statutory Bank Auditors (SBAs)** | | |
| **S.No** | **Name of the Bank** | **Periods as SBAs** |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

**B.Additional Information:**

|  |  |  |
| --- | --- | --- |
| **S.No** | **Additional information** | **Enclosed** |
| (i) | Copy of Constitution Certificate. |  |
| (ii) | Whether the firm is a member of any network of audit firm? If yes, details thereof. |  |
| (iii) | Whether the firm has been appointed as SCA/SA by any other Commercial Bank (excluding RRBs) and/ or All India Financial Institution (AIFI)/RBI/NBFC/UCB in the present financial year? If yes, details thereof. |  |
| (iv) | Whether the firm has been debarred from taking up audit assignments by any regulator/ Government agency? If yes, details thereof. |  |
| (v) | Details of disciplinary proceedings etc. against firm by any Financial Regulator/ Government agency during last three years, both closed and pending. |  |

**C. Declaration from the firm**

The firm complies with all eligibility normsprescribed by RBI regarding appointment of Sas of UCBs. It is certified that neither I nor any of our partners/members of my/ their families (family will include besides spouse, only children, parents, brothers, sisters or any of them who are wholly or mainly dependent on the Chartered Accountants) or the firm/company in which I am/ they are partners/ directors have been declared as willful defaulter by any bank/ financial institution.

It is confirmed that the information provided above is true and correct.

**INDEBTEDNESS CERTIFICATE**

This is to certify that the firm namely \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chartered Accountants, has not taken any loans in your bank (The Gayatri Co-Operative Urban Bank Ltd.,) so far. The indebtedness of bank to the firm is NIL. It is also further confirmed that any of our Partners also has not taken loans from the Bank and the indebtedness of partners of the firm is also NIL.

For \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.,

Chartered Accountants

FRN:

Partner

M.No.

Place: Jagtial

Date: