**ANNEXURE – II**

# PROFILE OF CA FIRM

1. **Name of the Audit Firm** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Unique Code Number (UCN)\_\_\_\_\_\_\_\_\_\_\_ **(Attach Attested Xerox copy of Registration no.)**

3. Date of Establishment of the Firm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Firm Registration No. Allotted by ICAI / ICWAI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Attach a copy of the latest constitution certificate issued by them).**

5. Registration No. with RBI:\_\_\_\_\_\_\_\_\_\_\_\_\_**(Attach Attested Xerox copy of Registration no)**

6. Registration No. with C&AG:\_\_\_\_\_\_\_\_\_\_\_\_**(Attach Attested Xerox copy of Registration no)**

7. Annual income of the firm **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Attach proof i.e., Copy of the latest ITR)**

8. GST No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Attach Attested Xerox copy of Registration no)**

9. Head Office of the firm

a) Name of the Incharge :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) Telephone No’s :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d) Fax No’s :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e) Mobile No’s :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f) E– mail Address *(Mandatory)* :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Particulars of Proprietor / Partner

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S. No. | Name | Age as on  01.08.2024 | Reg. No. with ICAI / ICWAI | Date of Certificate of Practice (COP) | Qualifications  (FCA / ACA) | Specialized  Degree / Diploma | Annual Income (with Proof) |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

9. Staff Employed

|  |  |  |  |
| --- | --- | --- | --- |
| S. No. | Particulars | Number | Date since Employed |
| 1 | Qualified Assistants  FCA (**Attach Attested Xerox copy of Qualification Certificate)** |  |  |
| ACA (**Attach Attested Xerox copy of Qualification Certificate)** |  |  |
| 2 | Semi-qualified Assistants |  |  |
| 3 | Un-Qualified Assistants |  |  |
| 4 | Computer Operators |  |  |
| 5 | Others ( Specify) |  |  |
| 6 | Previous Assignment/s  Year (2023-24)  Year (2022-23)  Year (2021-22) |  |  |

10. Experience (Enclose Details / documentary Evidences)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. No | Nature of Audit | No. 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) |  |  |  |

11. Addresses of the Branch with name of In-charge of each such Branch have been brought to the notice of ICAI.

|  |  |  |  |
| --- | --- | --- | --- |
| Branch | Name of the Incharge | Address  (along with Phone / Fax / Mobile/ E-mail) | Whether establishment brought to the notice of ICAI (Yes / No) |
| A |  |  |  |
| B |  |  |  |
| C |  |  |  |
| D |  |  |  |

**Signature / Seal of Concurrent Auditor**