

NAME / ADDRESS / CONTACT DETAILS

[Application received only in Commissioner for co operation and Registrar of co operative societies M.S. Pune-1 office & not in any other offices on or before Jan. 2008 will be considered only]

Date:

To,
**The commissioner for co operation & Registrar of Co-operative Societies,
Maharashtra State,
Pune.**

Sub:- Application for Empanelment

Dear Sir,

I am sending herewith an application for empanelment on the panel of auditors for allotment of audit of Urban Cooperative Banks having deposit exceeding Rs.25Crores. An application in prescribed format along with the required documents is attached herewith. Kindly put our name on the panel.

Thank you,

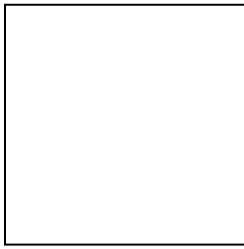
Yours faithfully,

Encl:

FOR OFFICIAL USE (FILLED BY CO OPERATIVE DEPT.):

APPLICATION NUMBER	
DATE OF RECEIPT	
APPLICATION ACCEPTED/REJECTED	
DIVISION (as per H.O. address of firm)	

PHOTOGRAPHS OF AUTHORISED PARTNER/INDIVIDUAL



Name

DECLARATION

FIRM REGISTRAION NO.

UNIQUE CODE NO.

I/We the undersigned, as Proprietor /Partner/s of M/S

/Practicing as individual do hereby declare that the particulars as given above are complete and correct in all respects to best of my/our knowledge and belief. I/We hereby declare that know separate application for any of our branches has been made. I/We undertake that I have gone through the Instruction and eligibility criteria and affirm that application is made in accordance herewith. I/We recognize that if any of the instructions is/are not adhered to or any of the statements made in the application form or information furnished in the application form is not correct and /or incomplete, the application is liable to be rejected and /or I/We would be liable for disciplinary action under the Chartered Accountants Act, 1949 and regulation framed there under.

I/We hereby declare that Audit / other Assignment allotted on the basis of information furnished in the application form will not be accepted and carried out if the firm in whose name the application is made is not in existence at the time of allotment.

I/We declare that the constitution of the firm as shown in the application is the same as that in the constitution certificate issued by ICAI.

I/We will also provide additional information whenever asked by the authorities and also by ICAI.

I/We further declare that I/We am/are authorized person to sign and execute all documents / affidavits on behalf of the firm/ and partners of the firm

Signature/s

Name/s

Member No./s

(Affidavit to be executed on Rs.100 non judicial Stamp paper & should be notarized)

AFFIDAVITE

I _____,aged about _____years, resident of,_____ do hereby solemnly affirm that, I am /our partnership firm/ proprietary concern “ **M/s _____** ” **CHARTERED ACCOUNTANTS** is applying for Empanelment on the Panel of Auditors of Urban Credit Co-operative Bank to the Commissioner of Co-operation & Registrar, Co-operative Societies, Central Building, Pune.

2. In this connection, I for myself & behalf of the remaining partners of the “ _____ ”, **CHARTERED ACCOUNTANTS** , **Address** : _____, do hereby affirm that, the information given in the prescribed form and annexure thereto is true & correct the best of my knowledge & belief.

This affidavit is made at _____on _____

Signature:

Name: