

**Annexure-1**

**APPLICATION FOR EMPANELEMENT AS CONCURRENT AUDITORS**

<b>Sl. No.</b>	<b>Particulars</b>	<b>Details</b>
1.	Name of the CA firm	
2.	Constitution	
3.	Address of Head Office	
4.	Address of the Branch Office	
5.	Landline No/s (with STD Code Fax No/s	
6.	E-mail address	
7.	Date of Establishment	
8.	Registration no. of firm with ICAI (Copy of Certificate to be enclose)	
9.	Unique Code no. for Bank Audit allotted by RBI.	
10.	Grade suggested by RBI for Branch Statutory Audit as available on website	
11.	Nature of training attested by the partners/staff in connection with Concurrent audit during last 2 years.	
12.	Name & Mobile no. of FCA partner of the CA firm for contact.	
13.	Whether any disciplinary action by ICAI instituted/pending against any member of the firm(if, yes give details)	
14.	Whether any assignment given by Andhra Pradesh Mahesh Co-operative urban Bank Ltd. in the past was refused/discontinued/terminated	
15.	Manpower, for full time, employed in the firm(Nos)	
16.	Out of above, staff available for Concurrent Audit	
17.	No. of Audit staff having CISA/DISA qualification with names (including proprietor/partner)	

**18. Particulars of Partners/Proprietor/Individual**

<b>SI No.</b>	<b>Name</b>	<b>Qualification</b>	<b>ICAI membership</b>	<b>Date of certificate of practice</b>	<b>Whether DISA/CISA</b>	<b>Whether FCA or ACA</b>

**19. Details of Associate Firms if any, of the Applicant Firm.**

Name of Associate Firm	Name of Partners	Address	Landline No. (with STD Code)	Mobile no.

EXPERIENCE:

**20. Experience of Concurrent Audit of Banks (In applicant firm's name):**

Number of years:-

Name of the Bank	Period

**21. Experience of Statutory Audit of Banks (in applicant firm's name)**

Name of the Bank	Period

**22. Details of current assignment of Concurrent Audits of Banks on hand**

Name of the Bank	Period

**23. Details of current assignment of Concurrent Audits in other Banks and in Andhra Pradesh Mahesh Co-Operative Urban Bank Ltd.**

a)	Name of the (Other Bank	Period

b)	Andhra Pradesh Mahesh Co-Operative Urban Bank Ltd.	Name of the Branch	Period

**ADDITIONAL INFORMATION**

24. If firm or partners are having any Credit Facilities/stood as a guarantor with Andhra Pradesh Mahesh Co-Operative Urban Bank Ltd. Furnish necessary details indicating nature of the dealings and the Name of the Bank's branch where the account/s is/ are maintained.

Name of the Partner	Name of the Branch	Nature of Credit Facilities/guarantee	15 Digit A/c no.

25. Whether any partner is relative of existing staff member of Andhra Pradesh Mahesh Co-Operative Urban Bank Ltd.

Name of Staff & Designation	Name of Branch	Relation

26. Whether any employee of firm was Ex-employee of Andhra Pradesh Mahesh Co-Operative Urban Bank Ltd \_\_\_\_\_ and if so,

Name of Employee	Last Designation	No. of years of service	Date of VRS/Superannuation	Branches served during last 5 years *

The employee/s of the firm who were earlier employees/serving the Andhra Pradesh Mahesh Co-Operative Urban Bank Ltd,. Cannot be deputed for Concurrent Audit of the Bank/Branches.

27. Whether the firm or any partner has ever been debarred by ICAI/RBI, if yes details:

Sl no.	Name of the partner	Brief reasons for debarment

28. If any of your clients having credit facilities with our Bank, furnish details if, yes.

Name of the Borrower	Branch	Credit facility availed like OD/CC/ML/HL etc.,

**29. Certificate/s**

- a) I/We here by confirm that the Firm/any partner is neither Statutory Auditor nor associate concern (as defined by RBI) of Statutory Auditors of Branches of Andhra Pradesh Mahesh Co-Operative Urban Bank Ltd., and we are not disqualified under any of grounds as per Companies Act, 2013.
- b) I/We hereby declare that neither, I, nor any of our partners/members of my/their families (family will include besides spouse 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.
- c) I/We here by confirm that I/We am/ are not declared as disqualified/ ineligible for appointment as Concurrent Auditor of any Branch/Office of Bank under the provisions of Companies Act 2013.
- d) I/We confirm that the information furnished here in above are true and correct to the best of my knowledge.

**SIGNATURE**

**DATE**