

DETAILS OF AUDITOR

SL NO	PARTICULARS	DETAILS
1	NAME OF FIRM NAME WITH COMPLETE ADDRESS WITH PIN CODE	
2	E MAIL ID OF FIRM	
3	MOBILE NO OF FIRM	
4	FIRM PAN NUMBER, IF APPLICABLE	
5	FIRM GST NUMBER, IF APPLICABLE	
6	FIRM REGISTRATION NUMBER, ISSUED BY ICAI /ICWA	
7	RBI UCN, IF AVAILABLE	
8	NO OF EXPERIENCE IN BANK/FI	

NAME OF PROPRIETOR/PARTNER:

SL NO	DETAILS OF PROPRIETOR/PARTNER	
1	PAN NUMBER	
2	AADHAR NUMBER	
3	MOBILE NUMBER	
4	CA INSTITUTE MEMBERSHIP NUMBER	
5	COP DETAILS	
6	WORK EXPERIENCE	

SIGNATURE WITH SEAL:

DATE:

NOTE: FOR EACH PARTNER, THIS SHEET TO BE SUBMITTED SEPARATELY.