**ANNEXURE II**

**M/s.** (Name of the Chartered Accountant Firm)

**PROFILE / RESUME**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **I. GENERAL INFORMATION** | | | |  | | | |
| 1. Name of the Firm | | | |  | | | |
| 2. Complete postal/communication  address of the **Head Office/Main Office** | | | |  | | | |
| 3. Office telephone Number/Numbers | | | |  | | | |
| 4. Office FAX Number (if any) | | | |  | | | |
| 5. E-mail address | | | |  | | | |
| 6. Constitution/status, as on date | | | |  | | | |
| 7. Date/year of formation/  establishment of the **Firm** | | | |  | | | |
| 8. Registration Number of the firm with  date with **Institute of Chartered**  **Accountants of India (ICAI)** | | | |  | | | |
| 9. Registration Number of the firm  with date (unique code Number) with  **Reserve Bank of India** | | | |  | | | |
| 10. GST Registration Number | | | |  | | | |
| 11. C&AG Empanelment Number | | | |  | | | |
| 12. Permanent Account Number (PAN)  of the firm | | | |  | | | |
| 13. Number of partners | | | |  | | | |
| 14. Name, qualification, membership Number, year and other details  (specific qualification may also be mentioned) | | | |  | | | |
| Name of the partners with **Contact Number** | | | |  | | | |
| Name of Partner | Educational qualification | Membership Number | | | Year | Brief profile | |
| **16) Details of audit staff employed** | | | | | | | |
| a) Qualified Chartered Accountants | | |  | | | | |
| b) Semi qualified Chartered Accountants | | |  | | | | |
| c) Retired/ex-bank officers | | |  | | | | |
| d) Article/audit clerks | | |  | | | | |
| e) Other assistants | | |  | | | | |
| f) Total | | |  | | | | |
| **II. Past experience of the firm relating to various bank audits: (Scheduled**  **Co-operative banks/ Scheduled Commercial Banks only)** | | | | | | | |
| A. **Statutory Auditors** | | |  | | | | |
| Name of the Bank &No. of Branches | | | No. of years | | | | Period |
|  | | |  | | | |  |
| B. **Concurrent Auditors** | | |  | | | |  |
| Name of the Bank & Branches | | | No. of years | | | | Period |
|  | | |  | | | |  |
| C. **Tax Consultant /Tax Auditors** | | |  | | | |  |
| Name of the Bank | | | No. of years | | | | Period |
|  | | |  | | | |  |
| D. **Any other Special Audit/**  **assignments allotted by the bank** | | |  | | | |  |
| Name of the Bank & Branches | | | Nature of assignment | | | | Year |
|  | | |  | | | |  |
| **III**. **Details of Bank audit assignment currently on hand** | | | | | | | |
| Name of the Bank & Branches | | | Nature of audit | | | | Year |
|  | | |  | | | |  |
| **IV. Details of various types of audit assignments of Citizencredit Co-operative Bank done in the past 10 years** | | | | | | | |
| Name of the branch | | | Type of audit | | | | Year |
|  | | |  | | | |  |
| **V**. **Details of firms/companies having credit facilities with Citizencredit Cooperative Bank with whom the audit firm or partner/director is associated** | | | | | | | |
|  | | | | | | | |
| **VI. Any other relevant details/particulars of the firm** | | | | | | | |
|  | | |  | | | | |
| **VII. Quotation for Statutory Audit Fees** | | | | | | | |
| Name of the Audits | | | Quotation | | | | |