**ANNEXURE II**

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

**PROFILE / RESUME**

|  |  |
| --- | --- |
| **I. GENERAL INFORMATION** |  |
| 1. Name of the Firm |  |
| 2. Complete postal/communicationaddress 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 withdate with **Institute of Chartered****Accountants of India (ICAI)** |  |
| 9. Registration Number of the firmwith 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 |