SAMPLE MULTIPURPOSE EMPANELMENT FORM 2009-10 FOR PARTNERSHIP FIRMS

WEBPAGE 1

1.Personal Details

Highlighted (Green) fields are read only fields

* Fields are Mandatory

Firm Registration No		Year of Establishment	
Concern's Name		Unique Code No	
Status as on 01.01.2009	PARTNERSHIP		

Address of Head Office

Address		District *	SELECT
		STD Code *	
State/Union Territory		Telephone No *	

Please provide name of the person to be contacted for any clarifications/ information

Name of contact person *	Phone (O) *	Mobile	E-mail *

Memorandum of changes

Incase, applicant does not agree with any of the static information provided above (flowing from Institute's database), please provide the information which should appear instead of the one appearing here.

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Please ensure that the changes informed here have already been incorporated in the Institute's database. The information provided here will be incorporated in the MEF Database only after due verification with the Institute's database.

WEBPAGE 2

2.Particulars of partners as on 01.01.2009

	Exclusively associated with the firm #	Others	Total
(a) Number of FCAs			
(b) Number of ACAs			
(c) Total [(a) + (b)]			

A member is not treated as exclusively associated with the firm if he is a partner in any other firm or is a sole proprietor of his proprietary firm or is paid employee elsewhere.

Details of Partners of the Concern

S.No	Name	Membership No.	Whether main occupation is practice	Whether DISA qualified?	Whether partner/ proprietor of any other concern	Whether paid employee of any other concern	Name of the other concern in which member is partner/ proprietor/ paid employee	FRN of such concern	CPE hours obtained in calendar year 2008 (extended upto 31st March 2009)
			(Y/N)	(Y/N)	(Y/N)	(Y/N)			
1									
2									

3. Number of paid Chartered Accountant employees in the Concern as on 01.01.2009

Full Time	
Part Time	

Details of Paid Chartered Accountant Employee

	Name	Membership No	Whether DISA qualified	Whether partner/ proprietor of any other Concern	Whether paid employee of any other Concern	Name of the other Concern in which he is partner/ proprietor/ paid employee	FRN. of such Concern
			(Y/N)	(Y/N)	(Y/N)		

4.Professional Staff

Number of professional staff ** as on 01.01.2009 (including at branches)

Article/Audit Assistants	
Other professional staff	
Total	

** Other professional staff excludes typists, stenographers, computer operators, secretary(ies) and sub-ordinates but includes audit staff (other than Article/ Audit Assistants) having knowledge of book-keeping and accountancy and engaged in onsite audit. This includes non-CA staff only. CA staff should be included in earlier question 3 itself.

Memorandum of changes

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1000 characters left

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WEBPAGE 3

5.Bank, PSU Audit Experience

Experience of bank audit as Statutory Auditor of a branch of a nationalized bank or of a private sector bank with deposit of not less than Rs. 500 cores of the bank as a whole (and not that of a branch)		
Note:	The experience of Statutory Central Audit of J & K Bank will also be reckoned as public sector bank audit experience.	
(a)	Does the Concern has previous experience of audit referred to above? (Y/N)	Y
	If yes, please fill in the no of years of experience	8
(b)	Do the partners of the Concern have experience of audit referred to above (a partner will be considered to have such experience only if he signed the audit report/conducted the audit)? (Y/N)	Y
	If yes, indicate in the appropriate box, how many partners/proprietor have this experience:	
	(e.g. If 3 Partners have experience of more than 8 years, indicate '3' in the first box)	

	Experience of statutory audit of PSUs	
(a)	Does the Concern has experience of statutory audit of PSUs? (Y/N)	N
	If yes, please fill in the no of years of experience:	0
(b)	Do the partners of the concern have experience of statutory audit of PSUs (A partner will be considered to have such experience only if he signed the audit report/conducted the audit) (Y/N)?	N
	If yes, indicate in the appropriate box, how many partners have this experience: (e.g. If 3 Partners have experience of more than 8 years, indicate '3' in the first box)	

Whether any disciplinary action is pending in the records of the Institute against any of the partners of the firm? (Y/N)	N

WEBPAGE 4

6. Whether the applicant or any of its partners has been associated with any of the public sector banks/regional rural banks/co-operative bank since 01.04.2008 upto the date of submission of application? For e.g. as Concurrent Auditor / Revenue Auditor/ Income & Expenditure/ Inspection/Monitoring of borrowing sick units /etc. **excluding statutory audit** (Y/N)	Y

(If yes, please fill up)

Details of association with public Sector banks/regional rural banks/co-operative banks from 01.04.2008 upto the date of submission of application.

	Name of the Bank	Concurrent Audit (Y/N)	Internal/Stock/ System Audit (Y/N)	Income & Expenditure/ Revenue Audit (Y/N)	Inspection (Y/N)	Monitoring of borrowing sick units # (Y/N)	Any other Assignment (Y/N)
☐	SELECT BANK						

Both appointments made by the bank and/or concerned borrower

7.Whether the applicant or any of its partners was during the past calendar year indebted (including outstandings in respect of credit cards) or has given guarantee in respect of any loan etc.,(for amounts exceeding Rs.1000/-) to any public sector bank/regional rural banks/ co-operative banks from 01.01.2009 upto the date of submission of application? (Y/N)	Y

(If yes, please fill up**)**

Details of indebtedness to public sector bank/ regional rural banks/ co-operative banks or guarantee given in respect of any loan including outstanding of credit cards (For amounts exceeding Rs 1,000) from 1/1/2009 to date of this application

	Name of the Partner/Firm (Indebted/ Guarantor)	Membership No. (where applicable)	Name of the Bank
☐			SELECT BANK

8. Whether any of its partners was during the past calendar year director in any public sector bank/ regional rural banks/ co-operative banks from 01.01.2009 upto the date of submission of application? (Y/N)	N

(If yes, please fill up**)**

Details of Directorship in Public sector bank/ Regional rural banks/ Co-operative banks from 1/1/2009 to date of this application:

	Name of the Bank	Name Of The Member	Membership No.

WEBPAGE 5

Declaration

Application No			
FRN		Unique Code No., if any allotted	

We, the undersigned, as Partners of M/s _____ do hereby declare that the particulars as given above are complete and correct in all respects to the best of our knowledge and belief. We hereby declare that no separate application for any of our branches has been made. We undertake that we have gone through the Advisory hosted on *www.meficai.org* website and affirm that application is made in accordance therewith.

We recognise that if any of the instructions 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 We would be liable for disciplinary action under the Chartered Accountants Act, 1949, and Regulations framed thereunder.

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 audit.

We declare that the constitution of the firm as on 01.01.2009 shown in the application is the same as that in the constitution Certificate issued by ICAI.

Further ,we would like to inform that CA_____(MRN_____) has resigned from the firm after January 1,2009.

	Name of Partners	Membership No	Mobile Number	E-mail ID	Signature #

Date	
Place	

*1. The declaration should be signed by all continuing partners (from out of the partners as on 01.01.2009) as on the date of the application in case of a partnership firm. The credit will be given only for those continuing partners who have signed the declaration. The credit for the partners who have joined subsequent to 01.01.2009 will not be given.

2. The signatures should correspond to those in the Institute's records.