Form "18"

[See Regulation 190]

The Institute of Chartered Accountants of India

Particulars of Offices and Firms

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1. **Name of firm / trade name of Chartered Accountants in practice**

2. **Name(s) of the proprietor/partners of firm with his / their membership number(s)**

(i) Name of Proprietor / Partner(s) **Proprietor** ○ **Partners** ○ Nos.

Membership Number

Date from which Certificate of Practice held — —

(ii) Name of Partner

Membership Number

Date from which Certificate of Practice held — —

(iii) Name of Partner

Membership Number

Date from which Certificate of Practice held — —

(iv) Name of Partner

Membership Number

Date from which Certificate of Practice held — —

(v) Name of Partner

Membership Number

Date from which Certificate of Practice held — —

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(vi) Name of Partner

Membership Number

Date from which Certificate of Practice held — —

3. (a) Date of formation of Proprietory / Partnership firm — —

(b) Date on which the present partnership was entered into — —

(c) Whether the partnership is supported by a Deed? Yes ◯ No ◯

(d) Whether all the partners are sharing the profits of the firm Yes ◯ No ◯

4. Date and particulars of approval of trade / firm name obtained from the Council (applicable to cases where the firm was started on or after 1.1.1983)

— —

(Approval No.)

5. Address of the Head Office of the firm / Chartered Accountant in practice

City

State Code

Pin

Phone No. with STD Code /

Country:

Email id

Mobile No.

6. (a) Address(es) of the branch office(s) of the firm / Chartered Accountant in practice,if any

(i)

City

State Code

Pin

Phone No. with STD Code /

Country:

Email id

Mobile No.

(ii)

City

State Code

Pin

Phone No. with STD Code /

Country:

Email id

Mobile No.

(iii)

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City | State Code

Pin | Phone No. with STD Code /

Country:

Email id

Mobile No.

(b) Date on which each branch office was opened

Place of the branch: | Date:

7. Name of the member with membership number who is incharge of each of the offices , i.e. head office and branch offices.

Head Office

Name of the member in-charge

Membership No

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Branch Office(s)	Name(s) of member(s) in-charge	Membership No

8. Whether the proprietor / any partner stated in serial number 2 above is / are partner or proprietor or paid assistant with any other firm(s) of chartered accountants in practice any where in India and whether any of them are engaged in a full time or part-time occupation elsewhere?

Yes ○ No ○

9. If yes, give details in each case

(i) .Name of the partner / Proprietor / Paid Assistant

Name(s) of the firm(s) of Chartered accountants with which connnected

Capacity in which connected ○ Proprietor ○ Partner ○ Paid Assistant

Particulars of full-time of part-time occupation elsewhere if any.

(ii).Name of the partner / Proprietor / Paid Assistant

Name(s) of the firm(s) of Chartered accountants with which connnected

Capacity in which connected ◯ **Proprietor** ◯ **Partner** ◯ **Paid Assistant**

Particulars of full-time or part-time occupation elsewhere if any.

(iii).Name of the partner / Proprietor / Paid Assistant

Name(s) of the firm(s) or Chartered accountants with which connnected

Capacity in which connected ◯ **Proprietor** ◯ **Partner** ◯ **Paid Assistant**

Particulars of full-time or part-time occupation elsewhere if any.

(iv).Name of the partner / Proprietor / Paid Assistant

Name(s) of the firm(s) of Chartered accountants with which connnected

Capacity in which connected ◯ **Proprietor** ◯ **Partner** ◯ **Paid Assistant**

Particulars of full-time or part-time occupation elsewhere if any.

10 . *In case of a firm, whether any partner is also practising in his individual name?* **Yes** ◯ **No** ◯

11. *If yes, give name(s) and membership number(s) of the member(s)*

(i) Name

Membership No.

(ii) Name

Membership No.

(iii) Name

Membership No.

(iv) Name

Membership No.

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(v) Name

Membership No.

12. Name(s) of the member(s) of the institute with membership number(s) holding full time employment in the firm /under chartered accountant in practice and date of joining of each such member.

(i) Name

Membership No.   Date of joining — —

(ii) Name

Membership No.   Date of joining — —

(iii) Name

Membership No.   Date of joining — —

(iv) Name

Membership No.   Date of joining — —

13. Whether any paid assistant stated at serial number 12 above is partner or proprietor or paid assistant with any other firm(s) or chartered accountant in practice any where in India?

Yes ◯ No ◯

14. If yes , give details:

(i) Name of the paid assistant

Name(s) and place(s) of Firm(s) in which engaged as partner / proprietor / paid assistant

Capacity in which connected with the firm, i.e., as partner / proprietor / paid assistant

◯ Proprietor ◯ Partner ◯ Paid Assistant

(ii) Name of the paid assistant

Name(s) and place(s) of Firm(s) in which engaged as partner / proprietor / paid assistant

Capacity in which connected with the firm, i.e., as partner / proprietor / paid assistant

◯ Proprietor ◯ Partner ◯ Paid Assistant

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(iii) Name of the paid assistant

Name(s) and place(s) of Firm(s) in which engaged as partner / proprietor / paid assistant

Capacity in which connected with the firm, i.e., as partner / proprietor / paid assistant

◯ Proprietor ◯ Partner ◯ Paid Assistant

15. Whether any paid assistant stated at serial number 12 above is practising in his individual name?

Yes ◯ No ◯

16. If yes, give name(s) and membership number(s) of the paid assistant(s).

(i) Name

Membership No.

(ii) Name

Membership No.

(iii) Name

Membership No.

(iv) Name

Membership No.

Date : — —

Place :

Signature(s) of the proprietor / all partner(s) of the firm with their Membership number(s)

(Within the frame only)

Signature

Membership number

(Within the frame only)

Signature

Membership number

(Within the frame only)

Signature

Membership number

(Within the frame only)

Signature

Membership number

(Within the frame only)

Signature

Membership number

(Within the frame only)

Signature

Membership number

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Note: Particulars in Form 18 should be submitted for the constitution/reconstitution of the firm within one month from the date of constitution or change in constitution.
In case of delay in filling the form beyond the stipulated period as stated above,it has to be accompained by a request for condonation and appropriate condonation fee as per the following schedule:

Regulation	**Period of Delay / Corresponding fee to be charged**		
	30 days	**31-180 days**	**Beyond 181 days**
	Rs.	**Rs.**	**Rs.**
190 (4) – Condonation of delay in filing Form 18, for registration of firm name	**100**	**300**	**1000**
190 (7) – Condonation of delay in filing Form 18 notifying change in particulars of office / firms	**100**	**300**	**1000**

The levy of fee would come into effect in respect of requests for condonation received on or after 1st April, 2002. It may be clarified that each case of condonation received alongwith the fee, will be considered on its merits.

Regulation 190 (4) / 190 (7) – Condonation of delay in filing Form 18, for registration / re-constitution/ closure of the firm: The following supporting documents should accompany along with the request for confonation

1. **Certified true copy of the partnership deed**
2. **Copies of income Tax Returns of the firm and partners / proprietor, as the case may be.**
   In case where the income of the firm is not taxable, certified copy of the accounts of the firm / member(s).
3. **Certified true copy of the dissolution deed.**

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