

Annexure — 1

**APPLICATION FOR EMPANELMENT OF CHARTERED ACCOUNTANT FIRMS AS
CONCURRENT AUDITORS**

1. Name of the Firm

2. Constitution

3. Address with PIN Code

4. Contact Nos. Mobile + Landline:

Email:

5. Date of Establishment

6. PAN No. of the firm (copy to be attached)

7. Registration No. with ICAI (copy to be attached)

8. Unique Code No. RBI (copy to be attached)

9. Firm's RBI Category (copy to be attached)

10. GST No. of the firm

11. No. of Partners & Chartered Accountants Name of the Partners / Chartered Accountants / Contact Numbers /Name of the Partner/CA Ph Number

12. Branches of C.A. firm with full address, if any Branch Full Address

13. Experience of Concurrent Audit with DCCB

(Please give details with supporting documents) (add rows if *required*)

Name of the Branch Period worked (From — To—) with dates No. of Years & Months

14. Experience of Concurrent Audit with PSBs (Please give details with supporting documents) (add rows if required) Name of the Bank & Branch Period worked (From — To—) with dates No. of Years & Months

15. Additional Qualifications possessed by Partners / Directors / Proprietor (i.e. CISA/DISA/Con. Audit Course from ICAI) (Please give details with supporting documents) (add rows if required) Name of the person Designation Additional Qualification. Possessed Month/year of the certificate

16. Experience in specialized areas like Treasury/FOREX/CPCs & Big Corporate Branches (Please give details with supporting documents) (add rows if required) Area Experience in years

17.If any of the branch of the CA firm is already engaged as Concurrent Auditor, then name of the Branch / Branch code & CAO name

18. Any other relevant data, if you wish to indicate.

19. I do hereby agree to conduct the Concurrent Audit of the branches and Head Office allotted to me/us on a cluster-wise basis (out of the total 25 branches and Head Office, grouped into 3 clusters as sanctioned by the Bank), in accordance with the SOP and other instructions issued by the Bank from time to time, for an amount of Rs. _____ (Rupees _____ only).

I/We confirm that the information furnished above is true and correct and we have not been de- paneled / Blacklisted by any organization in the past and we fulfill all the conditions of eligibility for empanelment with DCCB as a Concurrent Auditor. I/We have read the terms and conditions stipulated for empanelment as Concurrent Auditors of the Bank and I/We also understand that the Bank has reserved its right to accept or reject the application without assigning any reasons. If selected for empanelment as Concurrent Auditor of the Bank and the offer is accepted, I/We will execute Service Level Agreement with the Bank. If Bank finds the details provided by us above are incorrect / not true at a later date, then the appointment may be cancelled.

Place:

Date: