**FORM 1**

**APPLICATION CUM QUESTIONNAIRE TO BE SUBMITTED BY**

**PRACTICE UNIT**

**[As per Clause 6(1) & 6 (2) of the Peer Review Guidelines 2022]**

**The Secretary, Peer Review Board,**

**The Institute of Chartered Accountants of India,**

**ICAI Bhawan,**

**Post Box No. 7100,**

**Indraprastha Marg, New Delhi – 110002**

**APPLICATION**

**Dear Sir,**

**1. Our Firm {{firmname}} (Name of practice unit as per ICAI Records); FRN/ M. No. {{frn}} (Firm Registration Number/ Mem. No. as per ICAI records) would like to apply for Peer Review for the period from {{reviewStartDate}} to {{reviewEndDate}} (three preceding financial years from the date of application). We have gone through the Peer Review Guidelines 2022 hosted at https://resource.cdn.icai.org/72010prb57960-peer-review-guidelines2022.pdf and undertake to abide by the same.**

**2. I/We hereby declare that my/our firm is applying for Peer Review (Tick the applicable clause):**

**(i) As it is Mandatory by: ICAI {{mandatoryICAI}} Any other Regulator (please specify): {{mandatoryOther}}**

**(ii) Voluntarily: {{voluntary}}**

**(iii) As a special case Review initiated by the Board: {{specialCase}}**

**(iv) New Unit: {{newUnit}}**

**(v) As per decision of the Board: {{boardDecision}}**

**3. I/We hereby declare that my/our firm has signed reports pertaining to the following assurance services during the period under review:**

**| S. No. | Type of Assurance Service Rendered | Major Type of Client |**

**|--------|-----------------------------------|----------------------|**

**| 1 | Central Statutory Audit | {{centralStatutoryAudit}} |**

**| 2 | Statutory Audit | {{statutoryAudit}} |**

**| 3 | Internal Audit | {{internalAudit}} |**

**| 4 | Tax Audit | {{taxAudit}} |**

**| 5 | Concurrent Audit | {{concurrentAudit}} |**

**| 6 | Certification work | {{certificationWork}} |**

**| 7 | Any other, please specify | {{otherAssurance}} |**

**4. I / We hereby declare that my/ our firm has {{conductedAudit}} Statutory Audit of enterprises Listed in India or abroad as defined under SEBI LODR, 2015 during the Review Period.**

**5. Option for appointment of Reviewer: (Tick appropriate option)**

**(i) Same City {{sameCity}}**

**(ii) From outside City {{outsideCity}}**

**(iii) Either option (i) or (ii) {{eitherOption}}**

**(iv) Preferred City in case of option (ii) {{preferredCity}}**

**6. Mail Id for communication with the Practice unit: {{email}}**

**7. Address for sending the Peer Review Certificate: {{address}}**