**FORM 6**

**Format for seeking additional information from the   
Practice Unit by the Reviewer**

**[*As per* *Clause 7(3) of the Peer Review Guidelines 2022]***

To,

Name of Partner of PU:

This is regarding the Peer Review of the Firm ………………………. for the period ……………………….

I would like to inform you that the responses submitted by you to the following clauses of the Questionnaire are incomplete/ not clear. Accordingly, you are requested to provide clarifications on the following points:

|  |  |  |  |
| --- | --- | --- | --- |
| S. No. | Reference no. of the Questionnaire | Further Information required | Reason for asking the information [Not clear/ incomplete/ left blank etc.] |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

On receipt of the above information by ………. [ date by which information is required], I will intimate you the date of my visit to your office.

Thanking you,

Signature :

Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_