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Form of application to the Central Government for appointment of cost auditor

[Pursuant to section 233B(2) of Companies Act, 1956]

1.(a)	- All fields marked in * are	to be indicated by interest				
	*Corporate identity number registration number (FCRN				Pre-fill	
(b)	Global location number (Gl	N) of company				
2.(a)	Name of the company					
(b)	Address of the registered office or of the principal place of business in India of the company					
(c)	e-mail ID of the company					
(d)	*Phone					
	*Category of cost audit order * Number of industries for v	0	c order	◯ Industry-wi	se general order	
	(i) *Number of the Central	Government's order directing	g cost audit	52/	CAB /	Pre-fill
	(ii) * Date of the Central Go	vernment's order directing co	st audit	W 1811	(DD/MM/YYYY)	
	(iii) Name of Industry to wh	ich cost audit order relates				
+. De	*Category of cost auditor pr	/ Individual				
		count number of cost auditor	or cost audi	Cost audit	or's firm	
(b)	*Income-tax permanent acc	0		tor's firm	en som e obes	ion
(b)	*Income-tax permanent acc	count number of cost auditor		tor's firm	en som e obes	ion
(b)	*Income-tax permanent acc *Name of the cost auditor c	count number of cost auditor	d to be appo	tor's firm	en som e obes	ion
(b) (c) (d)	*Income-tax permanent acc *Name of the cost auditor c	count number of cost auditor r cost auditor's firm proposed st auditor or cost auditor's fir	d to be appo	tor's firm	en som e obes	ion
(b) (c) (d)	*Name of the cost auditor of cost auditor	count number of cost auditor r cost auditor's firm proposed st auditor or cost auditor's fir	d to be appo	tor's firm	en som e obes	ion
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(b) (c) (d)	*Name of the cost auditor of *Membership number of co Address of the cost auditor (i) *Line I	count number of cost auditor r cost auditor's firm proposed st auditor or cost auditor's fir	d to be appo	tor's firm	en som e obes	ion
(b) (c) (d)	*Name of the cost auditor of *Membership number of co Address of the cost auditor (i) *Line I	count number of cost auditor r cost auditor's firm proposed st auditor or cost auditor's fir	d to be appo	tor's firm	en som e obes	ion
(b) (c) (d)	*Name of the cost auditor of *Membership number of co Address of the cost auditor (i) *Line I Line II (ii) *City	count number of cost auditor r cost auditor's firm proposed st auditor or cost auditor's fir	d to be appo	tor's firm	en som e obes	ion
(b) (c) (d)	*Membership number of co Address of the cost auditor (i) *Line I Line II (ii) *City (iii) *State	count number of cost auditor r cost auditor's firm proposed st auditor or cost auditor's fir	d to be appo	tor's firm	en som e obes	ion
(b) (c) (d) (e)	*Name of the cost auditor of *Membership number of co Address of the cost auditor (i) *Line I Line II (ii) *City (iii) *State (iv) Country	sount number of cost auditor or cost auditor's firm proposed st auditor or cost auditor's firm or cost auditor's firm	d to be appo	tor's firm	en som e obes	ion



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(h) Whether appointment of auditor is within the limits specified in sub-section 1B of section Yes 224 (applicable in case of appointment in public company)	No.
(i) *Scope of audit for the proposed cost auditor as per the Board resolution	
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5. Proposed remuneration of the cost auditor (in Rs.)	
6. Financial year to be covered by the cost auditor	
(a) *From (DD/MM/YYYY)	
(b) *To (DD/MM/YYYY)	
7. *Date of meeting of Board of directors proposing the name of the cost auditor (DD/MM	I/YYYY)
8.(a) *Is there any change in the cost auditor Yes No	
(b) If yes, name and address of previous auditor	
(b) If yes, fiame and address of previous address	
(c) Reasons for change in the auditor	
(b) recasons for change in the addition	
(d) Whether the change is due to death of existing cost auditor Yes No	
If yes, enter	
(i) Date of death (DD/MM/YYYY)	
(ii) Service request number (SRN) of Form 23C filed earlier for appointment of deceased cost auditor	
(e) Whether the previous cost auditor has been informed of the change Yes No	
Attachments	
1.*Copy of the Board resolution of the company sanctioning the proposal for which the Central Government approval has been sought	ch
2.*Copy of the certificate obtained from cost auditor regarding compliance of the section 224(1B) of the	ch
Companies Act, 1956	
3. Optional attachment(s) - if any	ch
List of attachments	
Remove attachment	

v Crimoution

To the best of my	knowledge and	belief, the information give	en in this application	and its attachments is	correct and complete.
I have been a	authorised by the	Board of directors' resol	ution number	dated	(DD/MM/YYYY)
to sign and su	ubmit this applica	tion.			
I am authoris	sed to sign and s	ubmit this application.			
To be digitally s	signed by				
0 0		anager or secretary of the		f indian company)	
*Designation					
Income-tax PAN number, if applic	of the manager of the or income-ta	the director or Managing or authorised representa ax PAN of the secretary ICSI, may qoute his / he	tive; or Membership secretary of a		
Modify	1 [Check Form	Prescruting	/	Submit

This eForm has been taken on file maintained by the Central Government through electronic mode and on the basis of statement of correctness given by the company