

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 ; FRN/ M. No would like to apply for Peer Review for the period from to (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 Any other Regulator (please specify)
 - ii. ☐ Voluntarily:
 - iii. ☐ As a special case Review initiated by the Board:
 - iv. ☐ New Unit:
 - v. ☐ As per decision of the Board:
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 (please specify) (e.g.: Banks; Insurance Company; Manufacturing; Individuals; Trading ; any other)
1	Central Statutory Audit	
2	Statutory Audit	
3	Internal Audit	
4	Tax Audit	
5	Concurrent Audit	

6	Certification work	
7	Any other, please specify	

4. I / We hereby declare that my/ our firm ☐ has conducted ☐ has not conducted 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
 - ii. ☐ From outside City
 - iii. ☐ Either option (i) or (ii)
 - iv. ☐ Preferred City in case of option (ii)
6. Mail Id for communication with the Practice unit
7. Address for sending the Peer Review Certificate

Further Information to be submitted by New Unit