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 | Mo Lar e-N | nd | line: | | | | |
| 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 | SN | 0 | Name | of the Pa | rtner/CA | Ph Number | |
| | Name of the Partners / Chartered Accountants / Contact Numbers | | | | | | | |
| 12 | Propose of C.A. firm with full address if | SN | 0 | Branch | 1 | Full Add | ress | _ |
| 12 | Branches of C.A. firm with full address, if any | | <u> </u> | Dianon | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 13 | Experience of Concurrent Audit with SBI (Please give details with supporting documents) (add rows if required) | Nai Bra | | e of the h | | worked – To) tes | No. of yrs & Mths | |
| | | | | | | | | |

| 14 | Experience of Concurrent Audit with PSBs (Please give details with supporting documents) (add rows if required) | | Name o Bank Branch | f the & | | worked – To) tes | No. & M | of yrs lths | |
|----|---|---|---------------------------------------|-----------------|---------------------|---------------------------|------------|---------------------------------|---|
| 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 | Desi | gnation | Addl Qualf. possess | | Mth/year of th certificat | е |
| 16 | Experience in specialized areas like Treasury/FOREX/CPCs & Big Corporate Branches (Please give details with supporting documents) (add rows if required) | | Area | | Expe | erience in | years | 3 | |
| 17 | Whether appointed as Statutory Auditor / Stock Auditor / Forensic Auditor etc., for SBI | | If 'Yes' nature o of present | f audit enga | , period gement, | 1. 2. 3. | | | |
| 18 | If worked as Concurrent Auditor in SBI, whether under cooling period | | Yes / N | 1 / o | Not ap | plicab | le | | |
| 19 | Names of the branch / CAO, where worked. | | CAO | | Br Coo | le | Br n | ame | |
| 20 | If any of the branch of the CA firm is already engaged as Concurrent Auditor, then name of the Branch / Branch code & CAO name. (add rows if required) | | CAO | | Br Coo | le | Brn | ame | |
| 21 | Preferred Centre | l | Name of | f CAO | | Centre | | | |
| | | | | | | 2 | | | |
| | | | | | | 3 | | | |

| 22 | Any other relevant data, if you wish to | |
|----|---|--|
| | indicate. | |
| | | |

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 SBI 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:

Signature of the applicant with seal