

**CORRIGENDUM No. NF-11012/2/2019 /4 Dated 27.02.2020**

**Sub: Invitation of applications from firms (Partnerships/Limited Liability Partnerships/Proprietary Concerns) of practicing chartered accountants for Empanelment as Technical Reviewers (TRs) with the National Financial Reporting Authority (NFRA)**

With reference to Notification no: NF-11012/2/2019 dated 07.02.2020 on the above said subject, the Form I & II as per the Annexure II as provided stands deleted. The new Form I & II as per Annexure II is as follows.

**ANNEXURE-II**

**FORM I**

**APPLICATION FORM FOR EMPANELMENT AS A TECHNICAL REVIEWER WITH THE NATIONAL FINANCIAL REPORTING AUTHORITY**

1	<b>APPLICANT</b>	FIRM <input type="checkbox"/> PROPRIETOR/INDIVIDUAL CONCERN <input type="checkbox"/>
2 A	<b>FIRM</b>	LLP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FRN NO. / LLPIN <input type="text"/> FIRM/LLP NAME <input type="text"/> FIRM/LLP CONSTITUTION DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> WEB SITE <input type="text"/>
2B	<b>PROPRIETARY CONCERN</b>	NAME OF THE CONCERN <input type="text"/> CONCERN CONSTITUTION DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> WEB SITE <input type="text"/>

3	<b>DETAILS OF PARTNERS</b>	Attach Separately (Name, Membership Number, Date of Joining of Firm, If partner is in any other firm-Name and FRN NO. of that Firm)																															
4	<b>MINIMUM ELIGIBILITY CRITERIA</b>	<p><b>TOTAL YEARS OF EXPERIENCE IN AUDIT OF PIEs</b> <input type="checkbox"/></p> <p><b>DETAILS OF AT LEAST MINIMUM TWO STATUTORY AUDITS OF PIEs</b></p> <table border="1" data-bbox="512 698 1445 947"> <thead> <tr> <th>S.NO.</th> <th>ENGAGEMENT</th> <th>PERIOD</th> <th>TEAM FOR ENGAGEMENT</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><b>OTHER REQUIREMENT</b></p> <table border="1" data-bbox="512 1043 1445 1955"> <thead> <tr> <th>S.NO.</th> <th>Particular</th> <th>Information</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Firm /any partner /any member of Team suffers from any disqualification for being appointed as Auditor under section 141 of the Companies Act 2013.</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>2</td> <td>Firm /any partner /any member of Team have been subjected to any kind of disciplinary action from the ICAI or any regulator/statutory authority in India or outside India.</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>3</td> <td>Firm /any partner /any member of Team received any notice for disciplinary action/show cause from NFRA or MCA.</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>4</td> <td>Firm /any partner /any member of Team having any enquiries into misconduct or criminal proceedings by any statutory authorities or the Central or a State Government</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </tbody> </table>	S.NO.	ENGAGEMENT	PERIOD	TEAM FOR ENGAGEMENT	1.				2.				3.				S.NO.	Particular	Information	1	Firm /any partner /any member of Team suffers from any disqualification for being appointed as Auditor under section 141 of the Companies Act 2013.	Yes <input type="checkbox"/> No <input type="checkbox"/>	2	Firm /any partner /any member of Team have been subjected to any kind of disciplinary action from the ICAI or any regulator/statutory authority in India or outside India.	Yes <input type="checkbox"/> No <input type="checkbox"/>	3	Firm /any partner /any member of Team received any notice for disciplinary action/show cause from NFRA or MCA.	Yes <input type="checkbox"/> No <input type="checkbox"/>	4	Firm /any partner /any member of Team having any enquiries into misconduct or criminal proceedings by any statutory authorities or the Central or a State Government	Yes <input type="checkbox"/> No <input type="checkbox"/>
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		5 Whether Director (Discipline) has issued a Prima Facie Opinion that the Firm /any partner /any member of Team is guilty of Professional Misconduct.	Yes <input type="checkbox"/> No <input type="checkbox"/>																																
<p align="center"><b>(A "YES" in any of the above will make the Applicant ineligible to apply)</b></p> <p align="center"><b>ANY NOTICE FOR DISCIPLINARY ACTION/SHOW CAUSE RECEIVED FROM ICAI TO THE AUDIT FIRM OR ANY PARTNERS OF THE AUDIT FIRM</b></p> <table border="1" data-bbox="512 629 1453 920"> <thead> <tr> <th data-bbox="512 629 667 824">S.NO.</th> <th data-bbox="667 629 1066 824">DATE OF NOTICE FOR DISCIPLINARY ACTION/SHOW CAUSE RECEIVED FROM ICAI</th> <th data-bbox="1066 629 1453 824">DETAIL OF SCN AS PER THE CLAUSE 2.3 (CORRIGENDUM-2)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				S.NO.	DATE OF NOTICE FOR DISCIPLINARY ACTION/SHOW CAUSE RECEIVED FROM ICAI	DETAIL OF SCN AS PER THE CLAUSE 2.3 (CORRIGENDUM-2)																													
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6	<b>PROPOSED TEAM OF TECHNICAL REVIEWER (Please attach CVs of proposed team)</b>	<table border="1" data-bbox="512 1917 1453 2018"> <thead> <tr> <th data-bbox="512 1917 632 2018">S.NO.</th> <th data-bbox="632 1917 986 2018">Name of Person</th> <th data-bbox="986 1917 1220 2018">Role in the Team</th> <th data-bbox="1220 1917 1453 2018">Number of years of Experience as a Practicing</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		S.NO.	Name of Person	Role in the Team	Number of years of Experience as a Practicing																												
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8	<b>UNDERTAKING</b>	<p data-bbox="512 685 1460 842">I _____( Authorised Person) on behalf of _____(Firm Name /FRN NO.) do hereby undertake and declare that I have gone through all the terms and conditions of the invitation for application vide document No_____ dated _____ and accept the conditions unconditionally and submit hereby our/my Application in response to the said invitation.</p>																									
9	<b>NAME AND SIGNATURE OF THE AUTHORISED SIGNATORY WITH DATE AND SEAL</b>	<div data-bbox="842 898 1460 965" style="border: 1px solid black; width: 100%; height: 30px;"></div> <p data-bbox="842 965 1460 999" style="text-align: center;">Name of the Authorised signatory with date and seal</p>																									



4	<b>ASSOCIATE MEMBER SINCE</b> <i>(Please enclose self-attested photocopy of necessary certificate issued by ICAI)</i>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																								
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6	<b>EXPERIENCE AS PRACTICING CHARTERED ACCOUNTANT IN NUMBER OF YEARS AFTER QUALIFYING CHARTERED ACCOUNTANT</b>	<div style="text-align: center; border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div>																								
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8	<b>PROFESSIONAL QUALIFICATION</b>	<p>Certification in Forensic Audit <input type="checkbox"/></p> <p>Certified Information Systems Auditor (<b>CISA</b>) <input type="checkbox"/></p> <p>Diploma in Information System Audit (<b>DISA</b>) <input type="checkbox"/></p> <p>Qualified Company Secretary / Qualified Cost Accountant /LLB <input type="checkbox"/></p> <p>Certificate Course on Indian Accounting Standards (Ind AS) by ICAI <input type="checkbox"/></p> <p>Other Qualifications – Please specify <input type="checkbox"/></p> <p>(Annexe document as per the declaration above)</p>																								
9	<b>PROPOSED ROLE IN TR TEAM</b>	<p>SENIOR LEAD PARTNER/ PROPRIETOR <input type="checkbox"/></p> <p>PARTNER <input type="checkbox"/></p> <p>QUALIFIED ASSISTANT <input type="checkbox"/></p>																								
10	<b>PROPOSED TIME DEVOTED FOR TR (IN % OF TOTAL DURATION)</b>	<div style="text-align: center; border: 1px solid black; width: 400px; height: 20px; margin: 0 auto;"></div>																								
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