

CERTIFICATE – 1

I / We -----the name of the firm) having office

At----- (address of the firm hereby accept all the terms and conditions
of the appointment of Internal Auditors as published / uploaded in the web site dated-----
-----.

Signature of the Member :

Name of the Member :

Name of the Firm :

Date :

(Signature & Seal of the Partner of the Firm)

Note: ***The firm should submit the (Certificate-1) on their letterhead***

CERTIFICATE – 2

This is to certify that any partner or partners or staff of the firm (Name of the firm with complete address) do not have any relation (as a related party as defined in the Company's Act, 2013), directly or indirectly, with any office bearer / member of the managing committee of the Central Council / Regional Council / Chapters of the Institute for the last 8 years.

Signature of the Member :

Name of the Member :

Name of the Firm :

Date :

(Signature & Seal of the Partner of the Firm)

Note: ***The firm should submit the (Certificate-1) on their letterhead***