



**THE INSTITUTE OF COST ACCOUNTANTS OF INDIA**  
(STATUTORY BODY UNDER AN ACT OF PARLIAMENT)

(PLEASE FILL IN AND RETURN THIS FORM TO THE SECRETARY OF THE INSTITUTE AT THE TIME OF APPLICATION FOR NEW CERTIFICATE OF PRACTICE, APPROVAL OF FIRM/TRADE NAME, CONSTITUTION/RECONSTITUTION OF PARTNERSHIP FIRM, APPROVAL OF BRANCH OFFICE & CHANGE IN ANY PARTICULARS OF THE PRACTISING MEMBER OR FIRM OR BRANCH OFFICE)

**FORM OF APPLICATION FOR PARTICULARS OF OFFICES AND FIRMS**

Particulars of Offices and Firms (See Regulation 108)

1. Name of Firm / Cost Accountant's trade name : .....
2. Name (s) of the Proprietor / Partner (s) of the firm with his / their Membership Number (s) : .....  
: .....
3. Date from which the partnership was entered into : .....
4. Address of the Head Office of the Firm / Cost Accountant : .....  
: .....  
: .....  
: .....  
Phone : ..... Mobile : .....  
E-mail : .....
5. Address of the Branch Office of the Firm / Cost Accountant, if any : .....  
: .....  
: .....  
: .....  
Phone : ..... Mobile : .....  
E-mail : .....
6. Name & Address of the Member with the Membership Number who is in charge of each of the Offices : .....  
: .....  
: .....  
: .....  
Phone : ..... Mobile : .....  
E-mail : .....
7. Names & Addresses of the Members of the Institute (with their Membership Numbers ) who are working as paid assistants in the Firm / under the Cost Accountant : .....  
: .....  
: .....  
: .....  
Phone : ..... Mobile : .....  
E-mail : .....

Place :

Date :

Signature of the Cost Accountant /  
Firm of Cost Accountants

Delete, if inapplicable