



(on firm's letter head)
Application for Empanelment of Forensic Audit

Date:

Indian Overseas Bank
Inspection Department
2nd Floor, Annexe Building Central Office
763, Anna Salai, Chennai – 600 002

We apply for empanelment of Forensic Audit and furnish hereunder the requisite details:

Name of the Firm			
Constitution (Firm / Company)			
Partners Name, membership status with DISA/CISA Qualification	Partner name	Membership status	DISA/CISA qualification
Date of establishment			
Address with pin code			
Contact Phone (with STD) & Mobile No			
Email id			
PAN No			
Address of Branch Office/s/Infrastructure			
Experience of partner (with name) in banking sector for 5 years either law and practice or conducting concurrent audit.			
No of Statutory audit for corporate by the firm and since when (year)			
Registered number of Individual/Firm/company with Institute of Chartered Accountants of India/ Institute of Cost Accountants of India or any other Educational Institution			
Whether any disciplinary action by ICAI institute pending against the member/partner. If yes give details			
Whether any assignment given by IOB was refused/discontinued or terminated in the past.			
Experience of Forensic Audit -Nos of Audits & No of Public Sector Banks			

We solemnly declare that the information furnished above is complete and entirely true and nothing has been concealed. We affirm that terms & conditions of Indian Overseas Bank relating to empanelment of Forensic Auditors are acceptable to us.

In case

any information/document is found untrue, IOB may take necessary action, including blacklisting of the firm / member, as it may deem fit.

For & behalf of _____

Authorized Signatory
Name & Designation
Membership No.

