



ESTD - 1952

Ref. No. MCB/ 144/24-25

Date : - 3 JUL 2024

**Expression of Interest & quotation for GST Audit (GSTR-9C) and Annual Return (GSTR-9) filing pertaining to Financial Year 2023-2024**

Ours is a 'Salary Earners' Urban Co-Operative Bank having working capital Rs. 5805.05 Crore as on March 31, 2024. We intend to appoint registered chartered accountant/ Cost accountant firm to conduct GST Audit (GSTR-9C) and Annual Return (GSTR-9) filing pertaining to Financial Year 2023-2024.

The GST Audit to be conducted as per Section 35(5) of the CGST Act, Wherein the scope is statutorily defined and also requires Reconciliation between the Audited Accounts of FY 2023-2024.

**Eligibility Criteria:**

1. The Chartered Accountant's/ Cost Accountant's Firm should be Mumbai based.
2. The firm should not be currently blacklisted by any Government / Government agency/ Bank / institution in India or abroad.
3. The firm should have a sound reputation i.e. no partner should have been subjected to any disciplinary proceedings initiated by the Institute of Chartered Accountants of India/ Institute of Cost Accountants of India and no such proceedings should be pending as on the date of appointment.
4. The firm should have at least one year experience in GST related work of Bank.
5. The firm should depute a Chartered Accountant/ Cost Accountant, having a fair knowledge of the functioning of the Co-operative Banks and should have knowledge of Marathi language.





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**Other terms & conditions**

1. Merely meeting the eligibility criteria shall not automatically entitle the firm for appointment.
2. The Bank reserves right to accept or reject any or all quotations without assigning any reason whatsoever.
3. Bank reserve its right to add/alter or modify conditions depending upon the circumstances at the time of opening quotations.
4. Fee payment shall be made after completion of work subject to satisfactory work.
5. Bank shall not pay any expenses incurred other than fees/price quoted in the quotation.
6. The firm should not enter into any sub-contract for the conduct of the audit work.

Required annexure 1 shall be placed in an envelope duly sealed and super scribed accordingly. The envelope shall be addressed to "**The General Manager, The Municipal Co-op. Bank Ltd., Mumbai**" and to be delivered to Municipal Bank Bhavan, 245, P. D' Mello Road, Fort, Mumbai – 400 001. It needs to be super scribed "**Expression of Interest & quotation for GST Audit (GSTR – 9C) and Annual Return (GSTR – 9) filing pertaining to Financial Year 2023-2024**". The sealed Expression of Interest should reach the above address by **12/07/2024** on or before 5.00 P.M.

Yours faithfully,

  
General Manager





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**Annexure-1**

(To be printed on CA firm's letter head)

| Sr. No. | Details   | CA Firm's Declaration |
|---------|---|-----------------------|
| 1.      | The Chartered Accountant's/ Cost Accountant's firm should be Mumbai based (Registration certificate and Address Proof )   |                       |
| 2.      | Whether firm is currently blacklisted by any Government / Government agency / Bank / Institution in India or abroad ( Yes / No )  |                       |
| 3.      | The firm should have a sound reputation i.e. no partner should have been subjected to any disciplinary proceeding initiated by the institute of Chartered Accountants of India Institute of Cost Accountants of India and no such proceedings should be pending as on the date of appointment. ( Yes / No )   |                       |
| 4.      | The Firm should have at least one year's experience in GST related work of Bank and should depute a Chartered Accountant/ Cost Accountant, having a fair knowledge of the functioning of the Co-operative Bank and should have knowledge of Marathi language (Yes / No), Please share the client list, appointment letters along with GST worked handled. |                       |
| 5.      | Fees (inclusive of all expenses) (A)  |                       |
|         | Applicable Taxes (B)  |                       |
|         | Total Fees (A+B)  |                       |
| 6.      | Contact Person's Name and Contact Number  |                       |

**Seal and Sign of the Authorized Person**

