

7. Telephone (Landline) Number (optional):

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8. Date of COP:

D	D	M	M	Y	Y	Y	Y
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9. No. of years Audit and assurance service experience in Practice (in signing capacity only)

Y	Y	M	M
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10. Details of practicing experience

Sr No.	Firm Name	FRN	Nature of industry (banking/insurance/ others please specify.)	Type assurance service	For the year

11. (i) Have you experience of statutory audit of:

A listed entity

YY	MM
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(ii) If Yes, provide the following details:

Sr No.	Name of listed Entity	Financial Year(s) for which the statutory audit of listed entity has been conducted?

12. Number of years of experience for Audit & Assurance services as a member of the team, while working in employment:

Y	Y	M	M
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13. Details of experience in employment:

S. No.	Job Title/ Designation	Name of the Company	Worked from (Date)	Worked Till (Date)	Listed on any Stock Exchange (Yes/ No)	Nature of Industry

Annexure: Declaration

Signature

Name

Date

Annexure

DECLARATION

I hereby declare that:

1. I am a practicing member of the Institute,
2. (i) I possess minimum Seven Years' cumulative experience of audit & assurance services and am currently active in the practice of accounting and auditing or;
(ii) I have moved from employment to Practice and I have more than Ten years' of audit experience in employment,
3. I have not been convicted by a competent court whether within or outside India, of an offence involving moral turpitude and punishable with imprisonment or of an offence, not of a technical nature, committed by me in professional capacity
4. I have no objection if my profile being provided to the practice unit which selects my name for conducting Peer Review, if asked for it;
5. I have not been found guilty of professional or other misconduct by the Council or the Board of Discipline or the Disciplinary Committee at any time.
6. That no disciplinary action/proceeding is pending against me at present and I will immediately intimate to the Board at peerreviewboard@icai.in, if any Disciplinary Action is initiated against me or against Qualified Assistant (if used during particular Peer Review), in future.
7. In case of removal of my name from the register of members or withdrawal of certificate of Practice by me, I shall immediately inform the same to the Board.
8. Full Confidentiality of the Working papers shall always be maintained at all times so that unauthorized access by any means (including electronic means) is not gained by anyone.
9. The practice unit's assurance services procedures shall not be disclosed to third party except as provided under the Peer Review Guidelines 2022.
10. Any information with regard to any matter coming to my knowledge in the performance or in assisting in the performance

Appendix

of any function during the conduct of peer reviews shall not be disclosed to any person except as provided under the Peer Review Guidelines 2022.

11. Access shall not be given to any person other than as required under the Peer Review Guidelines 2022, to any record, document or any other material, in any form which is in my possession, or under my control, by virtue of my being or having been so appointed or my having performed or having assisted any other person in the performance of such a function.

I understand that any breach of the provisions regarding confidentiality as contained in the Peer Review Guidelines 2022 will be considered as gross negligence and make me liable for appropriate disciplinary action.

Signature:

Name: _____

Date: _____