

**LIFE INSURANCE CORPORATION OF INDIA
CENTRAL OFFICE**

FORM OF EMPANELMENT OF AUDITORS

The Form of Empanelment of Auditors is to be sent at the following address by the audit firms which are already empanelled with us & wish to update their profiles with latest information regarding constitution of the firm and also other details. The form may be accompanied by latest Constitution Certificate issued by Institute of Chartered Accountants of India. Audit firms having minimum ten years of continuous existence as a partnership firm and desire to be empanelled with us may also use the prescribed form.

Executive Director
Life Insurance Corporation of India,
Central Office,
Finance & Accounts Department,
3rd Floor, West Wing,
Yogakshema,
Nariman Point,
Mumbai-400021.

Application for empanelment of Auditors with L.I.C. of India, C.O., Mumbai

1. (a) Name of the firm & Address of Head Office
(including pin code, phone, fax, e-mail address etc.) -----

- (b) Are you a tenant of LIC of India
(if yes, please give the details of the same) -----
2. Registration no. of the firm with I.C.A.I. (Please
enclose copy of Reg. Letter issued by ICAI):- -----
3. Partnership/Proprietary Concern -----
4. (a) Date of formation of the firm -----
- (b) Date of conversion from Proprietary
concern to Partnership firm -----
5. Whether partnership is continuous without
break, if so since when? (Minimum 10 years of
continuous existence required) -----
6. Number of Partners
7. Whether there was any **change** in constitution of
the Partnership firm since formation if so, please
give details, i.e. name, membership no.,
date (in full viz.Date-Month-Year) of joining &
leaving the firm of all the persons who have been
Partners of your firm since inception till date:

Sr. No.	Name of the person (partner)	Membership Number	Date of	
			Joining	Leaving

8. Number of years of experience in continuous
practice of the senior most Partner -----

9. Details of Partners:

(a) Partners not engaged in any work other than that of the firm:

Sr. No.	Name	Membership Number	Date of becoming ACA/FCA	Whether Partner is CISA/ISA Qualified?	Date of joining the firm as Partner	Place where residing/practicing with full address

(b) Partners engaged with this firm and also engaged in some other firms/Business/ Proprietary Concern etc.:

Sr. No.	Name & Membership Number	Date of becoming ACA/FCA	Whether Partner is CISA/ISA Qualified?	Date of joining the firm as Partner	Place where residing/practicing with full address	Name & address of firms/ Business/Proprietary-Concern in which partner is engaged or employed

(c) In case any of the partner(s) have been employed with the firm as **paid CA**, prior to becoming a partner of the firm:

Sr. No.	Name & Membership Number	Date of becoming ACA/FCA	Whether Partner is CISA/ISA Qualified?	Date of joining The firm as Paid CA	Date of joining the firm as partner

10. Particulars of full time paid Chartered Accountants employed with firm (not holding The Certificate of Practice nor engaged in any other work) Number of such Paid C.A.s:-____

Sr. No.	Name	Membership Number	Date of becoming ACA/FCA	Whether CISA/ISA Qualified?	Date of joining the firm as a full time Paid C.A.

11. Particulars of Branches

No. of Branches:- -----

Address of branch offices including pin code, phone,fax,e-mail address etc.	Name of the Partner in-charge of Branch

12. Position of Staff (excluding paid Chartered Accountants):

	at Head Office	at Branch Office/s
Articled/Audit Clerks		
Paid Audit Assistants		
Others (Steno, typists, peons, etc.)		

13. Details of Audit work with the firm (Other than Government Co.,)
(In hand & handled during last 2 years)

(a) **Public Limited Companies :-**

Sr. No.	Name of the Company	Annual Turn-over of the Company	Year/s of audit	Fees

(b) **Private Limited Companies :-**

Sr. No.	Name of the Company	Annual Turn-over of the Company	Year/s of audit	Fees

(c) **Others :-**

Sr. No.	Name of the Company	Annual Turn-over of the Company	Year/s of audit	Fees

(d) **Banks :-**

Sr. No.	Name of the Bank	Statutory Audit or Branch Audit	Year/s of audit	Fees

(e) Insurance Companies:-

Sr. No.	Name of the Company	Annual Premium	Statutory audit or Branch audit	Year/s of Audit	Fees
1.	Handled				
2.	In Hand				

14. Details of audit of **Government Companies** (In hand & handled in last 2 years) :-

Sr. No.	Name of the Company	Kind of assignment i.e. Statutory Audits/ Internal Audits/ Management Services etc.	Year/s of audit	Remuneration/ Fees

15. Are you are auditor of any fund of political party?
if so, please furnish full details:-
16. Is any disciplinary action taken OR pending against the firm OR against any Partner of the firm by the Institute of Chartered Accountants of India?
17. Whether relative of any of the partner(s)/C.A. employee is a employee of the Corporation?
18. Whether sister concern or associates of the audit firm is/was appointed as auditor on rotation by the Corporation ?
(if 'Yes' , please give details including year & period of appointment.)
19. Whether you are/have been auditor of sister concern or associate of L.I.C. of India?
(if 'Yes' , please give details including year & period of appointment.)
20. Whether you are debarred by IRDA from accepting audit assignments?
21. Name(s) of the Partners and Paid Chartered Accountant who possess CISA/ISA/any other equivalent Qualification
(Please specify the qualification held).
22. Any other particulars you may like to furnish: -

We hereby confirm that the information furnished above is true and correct to the best of our knowledge and belief.

Place :-

Signature :-

Date :-

Designation :-

Seal of the firm:-