

(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

THE INSTITUTE OF COST AND WORKS ACCOUNTANTS OF INDIA 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 :
- Email :
5. Address of the Branch Office of the Firm / Cost Accountant, if any :
- Phone : Mobile :
- Email :
6. Name & Address of the Member with the Member-ship Number who is in charge of each of the Offices :
- Phone : Mobile :
- Email :
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 :
- Email :

Place :

Date :

Signature of the Cost
Accountant / Firm of
Cost Accountants