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| **FORM – D****APPLICATION FOR THE ISSUE/RENEWAL/RESTORATION OF CERTIFICATE OF PRACTICE****See Reg. 10, 13 & 14** |
| To The Secretary to the Council of The Institute of Company Secretaries of India ‘ICSI HOUSE’, 22, Institutional Area, Lodi Road, New Delhi -110 003Sir,  |
| I furnish below my particulars : |
| (i) Membership Number FCS/ACS: |  |
| (ii) Name in full |  |
|  (in block letters) Surname Middle Name Name |
| (iii) Date of Birth: |  |
| iv) Professional Address: |  |
| (v) Phone Nos. (Resi.) |  | (Off.) |
| (vi) Mobile No |  | Email id |
| (vii) Website of the member, if any |
| (viii) Additions to or change in qualifications, if any |
| 1. Submitted for (tick whichever is applicable):

 (a) Issue \_\_\_\_\_\_\_\_\_\_\_\_\_ (b) Renewal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(c) Restoration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
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| 1. (a) Particulars of Certificate of Practice issued / surrendered/Cancelled earlier

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| Sl. No. | Certificate of Practice No. | Date of issue of CP | Date of surrender / Cancellation of CP |
|  |  |  |  |
| (b) Unique Code Number (i) Individual/Proprietorship concern (ii) Partnership firm  |
| 3. Area of Practice   |
| Sl.No. | Area of Practice | Please tick  (If Applicable)  |
| 1 | Corporate Law |  |
| 2 | Financial Service and Consultancy |  |
| 3 | Securities/Commodities Exchange Market  |  |
| 4 | Finance including Project/Working Capital/Loan Syndication(Specify the areas handling)  |  |
| 5 | Corporate Restructuring (Handling Merger, acquisitions, demerger issues etc). Specify the areas handling as drafting of scheme, appearing before various regulatory bodies for approval of scheme, getting the scheme implemented, legal compliances with various regulatory bodies etc)  |  |
| 6 | Excise/CUSTOMS (Filling of returns, Handling assessment, appearing before the appellate authority)  |  |
| 7 | Sales Tax/VAT Practice (Filling of returns, Handling assessment, appearing before the appellate authority)  |  |
| 8 | Income Tax Practice (Filling of returns, Handling assessment, appearing before the appellate authority)  |  |
| 9 | Service Tax Practice (Filling of returns, Handling assessment, appearing before the appellate authority)  |  |
| 10 | Foreign Exchange Management (Specify the areas being handled i.e. filling of various forms/returns, appearing before RBI etc)  |  |
| 11 | Foreign Collaborations & Joint Ventures  |  |
| 12 | Intellectual Property Rights (Specify the areas being handled)  |  |
| 13 | Depositories  |  |
| 14 | Monopolies/Restrictive Trade Practices/Competition Law  |  |
| 15 | Consumer Protection Laws  |  |
| 16 | Arbitration and Conciliation  |  |
| 17 | Import and Export Policy & Procedure  |  |
| 18 | Environment Laws(Specify the areas)  |  |
| 19 | Environment Laws(Specify the areas)  |  |
| 20 | Societies/Trusts/Co-operative Societies & NCTs (Non Co-operative Trust Societies)  |  |
| 21 | Financial Consultancy |  |
| 22 | Other Economic Laws  |  |
| 23 | SEBI / Securities Appellate Tribunal  |  |
| 24 | Banking and Insurance  |  |
| 25 | Any Other Service (Please specify)  |  |

4.

i. I state that I am/shall be engaged in the profession of Company Secretary only on whole-time basis and not in any other profession, business, occupation or employment. I am not enrolled as an Advocate on the rolls of any Bar Council and do not hold certificate of practice from any professional body including ICAI and the ICWAI.

ii. I state that as and when I cease to be in practice, I shall duly inform the Council and shall surrender forthwith the certificate of practice as required by the Company Secretaries Act, 1980, and the regulations made thereunder, as amended from time to time.

iii. I hereby undertake that, I shall adhere to the mandatory ceiling as regards issuing of Secretarial Audit Report (pursuant to Section 204 of the Companies Act, 2013) and certification/ signing of Annual Return (pursuant to Section 92 of the Companies Act, 2013) in terms of the GUIDELINES FOR ISSUING SECRETARIAL AUDIT REPORT, SIGNING AND CERTIFICATION OF ANNUAL RETURN respectively issued by the Institute from time to time.

iv. I state that I have issued / did not issue \_\_\_\_\_\_\_\_\_\_ advertisements during the year 20\_\_ in accordance with the **Guidelines for Advertisement by Company Secretary in Practice** issued by the Institute\*.

v. I state that I issued \_\_\_\_\_\_\_\_\_ Corporate Governance compliance certificates under Clause 49 of the Listing agreement during the year 20\_\_\_\_ … \*

vi. I state that I have / have not undertaken \_\_\_\_\_\_\_ Audits under Section 55A of the Securities and Exchange Board of India (Depositories and Participants) Regulations, 1996 during the year 20… - … \*

vii. I state that I have / have not maintained a register of attestation/certification services rendered by me/my firm in accordance with the **Guidelines for Requirement of Maintenance of a Register of Attestation/Certification Services Rendered by Practising Company Secretary/Firm of Practising Company Secretaries** issued by the Institute\*.

viii. I hereby declare that I have complied with KYC norms issued by the Council of the ICSI.

ix. I undertake to subject myself to peer review as and when directed by the Peer Review Board.

5. I send herewith Bank draft drawn on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank \_\_\_\_\_\_\_\_\_\_\_\_Branch bearing No.\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ online payment vide acknowledgement No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_/ Cash payment at ROs/Chapters vide Acknowledgement No. \_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for Rs.\_\_\_\_\_\_\_ towards annual certificate of practice fee for the year ending 31st March \_\_\_\_\_\_\_\_\_.

6. I hereby declare that I attended the following professional development programmes held during the financial year \_\_\_\_\_\_\_:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. No.  | Name of Programme  | Organised by  | Place  | Date  | Duration\*  | No. of Program Credit Hours Secured\*\*  | Details of Certificate for Program Credit Hours \*\*\* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\* Please specify whether full day/half day/number of hour

\*\* Extra sheet can be attached....

\*\*\* The extracts from ICSI portal about the Credit hours with self certification

7. I further declare that the particulars furnished above are true and correct.

Yours faithfully,

 (Signature) Place:

 Date :

\*\*\*Encl.

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\* Applicable in case renewal or restoration of Certificate of Practice

\*\* Rs. 1000/- Annual Certificate of Practice Fee (Rs. 500/- if applied during October-March)

\*\*\*  Copy of the relieving letter in case earlier in employment.

 Copy of Form DIR 12 regarding cessation of employment in case working earlier as Company Secretary.

 Copy of letter of cancellation of Certificate of Practice of other professional bodies if applicable.