Form A

Application Form for Registration of Social Impact Assessment Entity (SIAE) with ICMAI SAO

To

ICMAI Social Auditors Organisation

The Institute of Cost Accountants of India

04th Floor, CMA Bhawan 3, Institutional Area,

Lodhi Road, New Delhi - 110003

Phone No: +91-11-24666124

From

[Name and address]

Subject: Application for registration of Social Impact Assessment Entity

Dear Sir/Madam,

I, being a partner/ director / trustee (strike off whichever is not applicable), being duly authorized for the purpose by the partnership entity/company/Trust/Organisation through a resolution/deed (strike out whichever is not applicable) apply on behalf of [ name and address of applicant partnership entity/company], and on behalf of its partners/directors, for registration of our entity as Social Impact Assessment Entity (SIAE).

The details are as under:

1. DETAILS OF THE ENTITY

|  |  |  |
| --- | --- | --- |
| S. No. | Particulars |  |
| 1. | Name |  |
| 2. | Registration No./ LLP No./CIN No. |  |
| 3. | PAN No. |  |
| 4. | TAN No. |  |
| 5. | GST No. |  |
| 6. | Address for  Correspondence or  Registered Office |  |
| 7. | Permanent Address |  |
| 8. | E-Mail Address |  |
| 9. | Telephone No. |  |
| 10. | Other Details (if any) |  |

1. PERSONAL DETAILS OF PARTNER/DIRECTOR/TRUSTEE WHO IS REGISTERED AS SOCIAL IMPACT ASSESSOR WITH ANY SRO

|  |  |  |
| --- | --- | --- |
| S. No. | Particulars |  |
| 1. | Title (Mr./Mrs./MS) |  |
| 2. | Name |  |
| 3. | Father’s Name |  |
| 4. | Mother’s Name |  |
| 5. | Date of Birth |  |
| 6. | PAN No. |  |
| 7. | AADHAAR No. |  |
| 8. | ICMAI SAO/ Any other SRO  Registration No. |  |
| 9. | Date of ICMAI SAO/ Any other SRO  Registration No. |  |
| 10. | NISM Registration No. and Date of Issuance |  |

1. TRACK RECORD OF ENTITY IN CONDUCTING SOCIAL IMPACT ASSESSMENT

|  |  |  |  |
| --- | --- | --- | --- |
| S. No | Financial Year | Name of  Social Enterprise | Thematic area /Eligible activities as per SEBI Guidelines for which Social Impact Assessment was Carried out |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. DOCUMENTS TO BE ATTACHED:

|  |  |  |
| --- | --- | --- |
| S. No. | Particulars |  |
| 1. | Proof of Registration  Number of SIA Entity/CIN Number |  |
| 2. | PAN No. (Attested) |  |
| 3. | TAN No.: (Attested) |  |
| 4. | GST No.: (Attested) |  |
| 5. | Proof of Address for Correspondence or Registered Office |  |
| 6. | Copy of ICMAI SAO/Any other SRO  registration No. |  |
| 7. | Copy of NISM registration No. |  |

1. ADDITIONAL INFORMATION

|  |  |  |
| --- | --- | --- |
| S. No | Particulars |  |
| 1. | Have any of partners/directors/trustees ever been convicted for an offence?  (Yes or No) If yes, please give details. |  |
| 2. | Are any criminal proceedings pending against any of the partners/directors/trustees?  (Yes or No) If yes, please give details. |  |
| 3. | Are you any of your partners/directors/trustees undischarged bankrupt, or have applied to be adjudged as a bankrupt? (Yes or No) If yes, please give details. |  |
| 4. | Please provide any additional information that may be relevant for your application. |  |

1. PAYMENT DETAILS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. No. | Date of payment | Type of Fees | Amount | Payment reference |
| 1. |  | One Time Enrollment Fee |  |  |

1. AFFIRMATIONS

|  |  |  |  |
| --- | --- | --- | --- |
| S.  No | Document | Remarks | Check  Box  (Tick) |
| 1. | Copies of documents, as listed in section D of |  |  |
|  | this application form has been attached/ uploaded. The documents attached/ uploaded are ……  I /we undertake to furnish any additional information as and when called for. |  |  |
| 2. | I/we am not disqualified from being registered as a Social Impact Assessor as per any act or regulation prescribed by the SEBI or SRO recognized by SEBI. |  |  |
| 3. | This application and the information furnished by me/us along with this application is true and complete. If found false or misleading at any stage, the registration shall be summarily cancelled. |  |  |
| 4. | I/We hereby undertake that the entity and its partners/directors/ trustees/ employees shall comply with the requirements of the rules and regulations prescribed by SEBI, the directions given by the authority, and the bye-laws, directions and guidelines issued or the resolutions passed in accordance with the bye- laws by the Self-regulatory Organisation with which I /We am/are enrolled. |  |  |
| 5. | One time enrollment fee has been paid. |  |  |

Date:

Place:

Name and Signature of SIA Entity’s representative

VERIFICATION BY ICMAI SOCIAL AUDITORS’ ORGANISATION

We have verified the above details submitted by … and confirm these to be true and correct. We recommend registration of … as a Social Impact Assessment Entity.

(Name and Signature)

Authorized Representative of the ICMAI SAO

Seal of the ICMAI SAO

Place:

Date: