**1form 18**

**Particulars Of Offices And Firms**

**[Regulation 190)**

1. Name of firm / trade name of Chartered Accountant in practice

2. Name(s) of the proprietor/partners of firm with his/their membership number(s)

|  |  |  |
| --- | --- | --- |
| Name of proprietor/partner(s) | Membership Number | Date from which certificate of practice held |
| 1 | 2 | 3 |
| 3.  (a) Date of formation of proprietary/partnership firm |  |  |
| (b) Date on which the present partnership was entered into |  |  |
| (c) Whether the partnership is supported by a Deed? |  |  |
| (d) Whether all the partners are sharing the profits of the firm |  |  |
| 4. Date and particulars of approval of trade /firm name obtained from the Council (applicable to cases where the firm was started on or after 1-1-1983) |  |  |
| 5. Address of the Head Office of the Firm/ Chartered Accountant in practice |  |  |
| 6. (a) Address(es) of the branch office(s) of the firm /Chartered Accountant in practice, if any |  |  |
| (b) Date on which each branch office was opened |  |  |
| 7. Name of the member, with membership number who is incharge of each of the offices, i.e., head office and branch offices. |  |  |
| Head Office | Name of the member in-charge | Membership number |
| Branch Office (s) | Name(s) of member(s) in-charge | Membership Number(s) |
| 8. Whether the Proprietor/ any partner stated in serial no. 2 above is /are partner or proprietor or paid assistant with any other firm/s of chartered accountants in practice any where in India and whether any of them are engaged in a full time or part-time occupation elsewhere? | YES | NO |
| 9. If yes, give details in each case |  |  |
| Name of the Name/s of the firm/s partner /propri- of chartered account assistant paid tants with assistant which connected | Capacity in which connected | Particulars of full time or part time occupation elsewhere if any |
| 10. In case of a firm, whether any partner is also practising in his individual name? | YES | NO |
| 11. If yes, give name/s and membership number(s) of the member/.. |  |  |
| 12. Name/s of the member /s of the Institute with membership number/s holding full time employment in the firm /under the chartered accountant in practice and date of joining of each such member |  |  |
| 13. Whether any paid assistant stated at serial number 12 above is partner or proprietor or paid assistant with any other firm/s or chartered accountant in practice any where in India? | YES | NO |
| 14. If yes, give details — |  |  |
| Name of the paid assistant | Name/s and place/s of firm/s in which engaged as parter /proprietor /paid assistant | Capacity in which connected with the firm, i.e., as partner/proprietor/ paid assistant |
| 1 | 2 | 3 |
| 15. Whether any paid assistant stated at serial number 12 above is practising in his individual name |  |  |
| 16. If yes, give name/s and membership number/s of the paid assistant/s |  |  |

Place:

Date

Signature(s) of the proprietor/all partner(s)

of the firm with their membership number(s)

*1. Substituted by Notification No. 1-CA (7)/13/90, dated 14-1-1991, w.e.f. 2-2-1991.*