

PUBLIC NOTICE – INVITATION OF APPLICATIONS FOR EMPANELMENT OF STOCK/CREDIT AUDITORS AND FIXED ASSET VALUER

CANARA BANK, Circle Office, Hubballi invites applications for empanelment of Stock/credit Auditors (Fresh) under Hubballi Circle for a period of five years, subject to fulfillment of the criteria related to educational qualifications and experience, mentioned in the Appendix-II (Eligibility Criteria). The quality of service provided/ performance of the auditors shall be reviewed annually by the bank.

Applications are to be submitted as per the Appendix-I, along with the copies of qualification and experience proofs (Checklist mentioned in Appendix-II) at the Circle Office Hubballi.

Applications will be received from date of publication of this notice till 10.06.2024 for the current empanelment period.

The Application as per our bank format to be submitted is attached in Appendix-I.

In case any Auditor/Valuer has been found guilty of misconduct in professional capacity in some other bank/institution and his name has been circulated/reported by the Indian Banks Association (IBA) / Central Bureau of Investigation (CBI)/ Reserve Bank of India (RBI)/Any other Govt.Agency/Body, his/her application will not be considered for empanelment.

The empanelment as Auditors/Valuers will be done at the sole discretion of the bank and the bank reserves its right of rejecting any of / all the applications, without assigning any reason thereof. It is clarified that the valuer neither guarantees any/ regular assignments, nor does it tantamount to contract of employment with the bank. Bank reserves the right to amend/modify any terms of empanelment and withdraw the advertisement without any notice.

For any clarifications, the applicant may contact the Canara Bank, Circle Office, Hubballi or any nearest Regional Office under Canara Bank, Circle Office, Hubballi.

General Manager Circle Office, Hubballi



ANNEXURE - I

APPLICATION FOR ENROLMENT IN THE PANEL OF VALUERS FOR FIXED ASSET / STOCK AUDITOR

| From: | | | | | | |
|--------|-----------------------------------------------------------------------------|---------|--|--|-------------|--|
| | | | | | | |
| •••••• | •••••• | | | | | |
| •••••• | •••••••••• | | | | | |
| | General Manager e Office | | | | | |
| Sir/ / | Madam, | | | | | |
| cate | Ve hereby apply for empa gory) / STOCK AUDITO /information/documents. | | | | the pio- | |
| 1. | NAME OF THE VALUER / FIRM / | Interna | | | | |
| | COMPANY | | | | | |
| 2. | OFFICE / CORPORATE ADDRESS | | | | | |
| 3. | BRANCHES, WITH ADDRESS, IF ANY | | | | | |
| 4. | TELEPHONE NUMBERS | | | | | |
| | OFFICE | | | | | |
| | RESIDENCE | | | | | |
| | FAX | | | | | |
| | E MAIL | | | | | |
| | MOBILE NUMBER | | | | | |
| 5. | Whether entity has account | | | | | |
| ' | | | | | | |

| Bank? If Y please account N 6. IF THE FIF PARTNERS | maintained with Our Bank? If Yes, please furnish the account Number IF THE FIRM IS A PARTNERSHIP, NAMES OF PARTNERS | Following information needs to be incorporated for Proprietor/ Individual / | | |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | WITH A BRIEF PROFILE WITH THEIR QUALIFICATIONS | Each Partner or Director of the firm / company. a) Educational Qualification b) Professional Qualification c) Date of Birth /PAN / Aadhar/ Mobile Number of each individual d) Work Experience (if required attach the details in | | |
| | | separate sheet) | | |
| 7. | REGISTRATION NO. FROM INSTITUTE OF VALUERS / ICAI/ ICSI AS APPLICABLE (ATTESTED COPY OF VALID REGISTRATION CERTIFICATE TO BE ENCLOSED) ALONG WITH THE DATE OF ESTABLISHMENT | Following information needs to be incorporated for Proprietor/ Individual / Each Partner or Director of the firm / company. a) Name of the Institute / Professional Body b) Membership Number (if applicable) c) Date of Membership / enrollment d) Asset Class/ Category of Valuer | | |

| | | | e) Valuation Specific Qualification |
|-----|-----------------------------------|---------|-------------------------------------|
| | | | /course |
| | | | f) Recognized Registered Valuer |
| | | | Organization (name & registration |
| | | | Number) |
| | | | (if required attach the details in |
| | | | separate sheet |
| 8. | REGISTRATION NUMBER | | |
| | a) Under Companies (Registered | | |
| | Valuers and Valuation) Rules, | | |
| | 2017 | | |
| | b) WITH CCIT FOR VALUATION | Interna | |
| | U/S 34AB OF WEALTH TAX ACT | | |
| | 1957 (SELF ATTESTED COPY TO | | |
| | BE ENCLOSED) | | |
| 9. | GST REGN. NO., IF APPLICABLE | | |
| | (ATTESTED COPY TO BE ENCLOSED) | | |
| 10. | Work Experience | | |
| a) | Whether all members/ Partners/ | | |
| | Directors are | | |

| | profes | ssionally | / qualifi | ed? | | | | | | |
|----|---------------------------------------|---------------------|------------|---------------|------------|-----------|--------------|----------------|------|--------|
| b) | work of relevant profession (in year) | ant ssion or | nce in t | | | | | | | |
| C) | | yment | | | | | | | | |
| | years | and mo | nths) | | | | | | | |
| | Sl No. | From date | To date | Empl ctice | oyment/Pra | If employ | | If in practice | | Area |
| | | | | | | Name of | | experience i | | of |
| | | | | | | Employe | | the relevant | | Work |
| | | | | | | designat | ion | profession / | | |
| | | | | | | | | valuation | | |
| | | | | | | | | | | |
| 4/ | la Caa | a la alua | ded In T | l | | | | | | |
| d) | Panel | | jea in T | ne | | | | | | |
| | | Banks/ utions, (| | | | | | | | |
| | Detail | .S | | | | | | | | |
| e) | | LS ON M | | | | | | | | |
| | HAND | LED SO | FAR | | | | | | | |
| | | | | | | Sl No | NATU ASSE | JRE OF T/ | ASSI | GNMENT |

| | | | VALUE OF | ASSETS | | |
|-----|------------------------------------|----------------------------------------|-------------------|--------------|--|--|
| | | | CURRENT ASSETS | FIXED ASSETS | | |
| | | | ANY OTHER | | | |
| 11. | WHETHER ANY ALLIED FIRMS ARE | | | 1 | | |
| | ALREADY IN THE PANEL OF OUR | | | | | |
| | BANK. IF SO, FURNISH DETAILS | | | | | |
| 12. | WHETHER THE APPLICANT WAS | | | | | |
| | DELISTED FROM ANY BANK"S PANEL | | | | | |
| | ON ANY EARLIER OCCASION. IF SO, | nal | | | | |
| | FURNISH REASONS | | | | | |
| 13. | HAVE YOU OR ANY OF THE PARTNERS | Yes / No If Yes , please give Details | | | | |
| | / DIRECTORS EVER BEEN CONVICTED | ,,,,, | 3 | | | |
| | FOR AN OFFENCE | | | | | |
| 14. | ARE ANY CRIMINAL PROCEEDINGS | Yes / No | lease give Deta | ils | | |
| | PENDING AGAINST YOU OR YOUR | | ass 5., c 50tu | | | |
| | PARTNERS / DIRECTORS? | | | | | |
| 15. | ARE YOU OR ANY OF YOUR | Yes / No | | | | |
| | 10010 | If Yes , p | lease give Deta | ils | | |

| | PARTNERS/ DIRECTORS | | |
|-----|-----------------------------------|--|--|
| | UNDERCHARGED BANKRUPT, OR HAVE | | |
| | APPLIED TO BE ADJUDGED AS A | | |
| | BANKRUPT? | | |
| 16. | A NY OTHER INFORMATION | | |

16. AFFIRMATIONS

- I / We hereby apply for enrolling in the panel of valuers / **Stock Auditor** of your bank as an approved valuer/ stock auditor. The particulars given above are correct to the best of my / our knowledge.
- I / We shall submit the reports as per standard formats prescribed by the professional institutes / bank with correct and full information and without negligence. If My / Our application for empanelment in your bank is considered favourably, I / we

shall abide by all the terms & conditions stated here below as well as other terms & conditions prescribed by the bank from time to time:

- (A) Empanelment as such does not guarantee award of valuation assignments by the bank.
- (B) Entrustment of valuation assignments is subject to periodical review by the bank.
- (C) The bank reserves the right to delete / cancel the empanelment / stop awarding future assignments without prior notice or assigning any reasons whatsoever.
- (D) The remuneration payable shall be as per the policy of the bank.
- (E) The valuation shall be conducted on the basis of accepted principles as also the criteria specified by the bank from time to time.
- (F) Valuation report shall reveal true & fair assessment keeping in view the market conditions and the report shall be submitted in the bank's approved format.
- (G) I / we shall maintain secrecy of the business allotted by the bank
- (H) I / we shall not enter into any financial transaction with the bank's borrowers to the detriment of bank's interest.



- (I) Under no circumstances, I / we shall use the name or logo of the bank in our correspondence with other banks.
- (J) If any wrong certification is detected, I / we hereby consent that the bank may take appropriate steps as deemed fit.
- (K) I / We understand that valuation /opinion/certification/ audit report given by us would be an input for the decision making of the Bank. Therefore, I/ We would like to state that in the event of my/our valuation /opinion/certification/ audit report turns out to be untrue and factually incorrect causing loss to the bank, Bank may seek such clarifications as may be required to investigate the matter and fix the responsibility. In the event it is established that there was gross negligence on my /our part or I/ we had colluded with the customer of the Bank in causing pecuniary damage/loss to the bank, the Bank may recommend my/ our name for including in the caution list being maintained by the Indian Banks" Association (IBA) for circulation amongst member banks or any authority as deemed fit.
- (L) I am / we are not disqualified from being registered as a valuer under the Companies (Registered Valuers and Valuation) Rules, 2017.
- (M) This application and the information furnished by me along with this application is true and complete. If found false or misleading at any stage, the registration of the applicant shall be summarily cancelled.
- (N) I hereby undertake that the partnership entity/company and its partners/directors shall comply with the requirements of the Companies Act, 2013, the rules made there under, 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 registered valuers organisation with which I am enrolled.

SIGNATURE OF THE APPLICANT
(Proprietor / Individual)
or
Name and Signature of applicant's
Representative(firm/ Company)



CHECKLIST FOR EMPANELMENT

CHARTERED ACCOUNTANT (CA) / COST ACCOUNTANT

| Checklist No. | Checklist Item | Mandatory Requirements | | | |
|----------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------|--|--|--|
| 1. | CO Recommendation | Circle Office Recommendation letter in the prescribed format | | | |
| | | Annexure-2 (refer Page No. 105 of HO Cir. No. 370/2020.) | | | |
| 2. | Application ID | Unique Application ID number generated through SAS package to be | | | |
| | | mentioned in Annexure-2. | | | |
| 3. | IBA TPE Caution | CO confirmation in Annexure-2 on verification of the Auditor/Firm | | | |
| | | name with latest IBA Caution List of TPEs available in CANNET. | | | |
| 4. | Application | Empanelment Application in the prescribed format Annexure-1 (refer | | | |
| | | Page No. 101 of HO Cir. No. 370/2020.) | | | |
| 5. | КҮС | KYC of Individual /Firm /All partners self-attested and duly verified | | | |
| | | with originals by CO/Branch official with Seal & Sign. | | | |
| 6. | ICAI Firm RC | Latest Firm Constitution/Registration Certificate issued by ICAI | | | |
| | | /ICWA not older than 3 months from the date of submission of | | | |
| | | application. | | | |
| 7. | ICAI Membership | Certificate of Membership of Individual/All Partners issued by ICAI. | | | |
| 8. | ICAI Practice | Certificate of Practice of Individual/All Partners issued by ICAI. | | | |
| 9. | Declaration | Declaration from the individual/firm (on letterhead) that they are | | | |
| | | not a Statutory Auditor/Income Auditor/Concurrent Auditor/Internal | | | |
| | | Auditors of our Bank as on date and Circle Office to verify and | | | |
| | | confirm on the same. | | | |
| 10. | Empanelment proof | Proof of Empanelment with other Banks (Latest empanelment letters | | | |
| | | issued by Banks.) | | | |
| 11. GSTIN GST Registration Certificate or Self-Declaration | | GST Registration Certificate or Self-Declaration if GST not applicable | | | |
| | | (for Firms on letterhead.) | | | |
| 12. Proprietorship Firm KYC If Proprietorship Firm, copy of GSTIN/ Trade | | If Proprietorship Firm, copy of GSTIN/ Trade Licence /Shop & | | | |
| | | Establishment Certificate etc. | | | |
| 13. | Partnership Firm KYC | If Partnership Firm, copy of Partnership Deed, Firm PAN and GSTIN. | | | |

All the KYC/Supporting documents submitted must be self-attested by Individual/Proprietor/Managing Partner/Partners as the case maybe and duly attested as Verified with Originals by CO/Branch without fail.

COs shall also carry out due diligence on their part before recommending the Auditor/firm for empanelment.