

**REQUEST FOR PROPOSAL - TECHNICAL BID FOR
LIFE INSURANCE COUNCIL**

(On the letterhead of the Firm duly stamped and signed)

Ref No : _____

Date: _____

To,
Secretary General
Life Insurance Council

Application Form

1. Name of the Audit Firm :
2. Address of the Audit Firm :
(Corporate Office / Head Office)
3. Contact Details :
 - Name of the Contact Person :
 - Numbers (Landline/Mobile) :
 - E-Mail :
4. Firm Registration No. & Date :
5. Year of Establishment : _____
6. No. of Full time partners : _____
7. No. of Full time partners who have been in practice in an with audit firm for a minimum period of 10 years : _____
8. No. of full time partners / CA employees who have been in continuous practice with audit firm for at least 5 years : _____
9. No. of Partners, who possess FCA and be in practice for at least 5 years as FCA: _____

13. Name of Partner, who possess FCA and be in practice for at least 5 years as FCA.

Name of Partner	Year of Enrollment as Fellow	Membership No.	Details of Practice	Date of joining the firm	Date till when associated with firm

14. No. of Employees : _____

15. Information on Audit Firms (Current Client)

SN	Name of Client	Sector of client (BFSI/Consortiums / Conglomerates)	Financial Year	*Documentary Evidence attached
1				
2				
3				
4				
5				

*should include the list of tools used to examine the audit outcomes.

16. List of Clients whose marketing campaign managed by the Agency (100 Crs plus Ad Campaigns)

SN	Name of Client	Ad Campaign Name	Financial Year	Documentary Evidence attached
1				
2				
3				

*should include the list of tools used to examine the audit outcomes.

17. Kindly submit Earnest Money Deposit (EMD) of Rs 50,000/- only in the form of a Bank Draft / Bankers Cheque drawn in favor of Life Insurance Council. EMD will be refunded to Bidder after the selected bidder has been contracted. The EMD of those bidders who withdraw during the selection process will be forfeited.

Documents to be submitted

- a)** Previous experience of audits in insurance companies to be provided in separate sheet.
- b)** letter from ICAI regarding constitution of the Firm
- c)** letter from ICAI confirming that no disciplinary case is pending against the Firm/partners.
- d)** Restrictions imposed on the firm/partners in the past are indicated. If the answer is negative, please mention the same.

Special Note: If any documents are not attached or are not applicable then submit proper reason for the same in an attached statement.

Declaration

I / We, the undersigned, partners of M/s_____do hereby declare that the particulars as given above are as on_____and are correct in all respects to the best of my / our knowledge and belief .

I / we hereby declare that no separate application for any of our branches or for associate concern having common partner / proprietor or in individual name has been made.

I / we hereby declare that audit / other assignment allotted on the basis of information furnished in the application form will not be accepted and carried out if the firm in whose name of application is made is not in existence at the time of audit.

Name of the Partner	Membership No.	Designation	Signature*
_____	_____	_____	_____

Place : _____

Date : _____

Seal of the Firm: _____

* The declaration should be signed by the partner of the Firm.

Enclosures: -

1. EMD of Rs 50,000/- , Bank Name _____ Bank Draft / Bankers Cheque Number _____ & Date _____
- 2.
- 3.
- 4.
- 5.