



# THE INSTITUTE OF COST ACCOUNTANTS OF INDIA

(STATUTORY BODY UNDER AN ACT OF PARLIAMENT)

## FORM OF APPLICATION FOR THE ISSUE / RENEWAL / RESTORATION OF CERTIFICATE OF PRACTICE

FORM: M-3

[The Form will not be processed if (\*) marked fields are not filled in] [Fill in Capital Letters]

To  
The Secretary to the Council of  
The Institute of Cost Accountants of India  
12, Sudder Street, Kolkata – 700 016

Sir,

1. I have already sent/am enclosing a Cheque/ Demand Draft No. / Online payment dated \_\_\_\_\_ for Rs. \_\_\_\_\_ towards the fee# for the Certificate of Practice for the period ending 31<sup>st</sup> March \_\_\_\_\_ which may be issued / renewed / restored to me.
2. I hereby declare that I am not engaged in any other business or occupation besides the profession of Accountancy. If and when I intend to be so engaged I shall obtain the prior permission of the Council.
3. I am engaged in other occupation as \_\_\_\_\_ and propose to continue to be so engaged in addition to the practice of accountancy for which permission has already been applied for/obtained vide your letter No. \_\_\_\_\_ dated \_\_\_\_\_.
4. I hereby undertake that as and when I cease to be in practice, I shall duly inform the Council as required by the Cost and Works Accountants Regulations, 1959.
5. I hold Certificate of Practice for the period ending 31<sup>st</sup> March \_\_\_\_\_.
6. I hereby declare that :
  - a) I am practising in the name and style of (Please mention proprietary or partnership firm):

| Sl. | Name of Firm | Proprietorship / Partnership | Firm Registration No. | PAN |
|-----|--------------|------------------------------|-----------------------|-----|
| 1   |              |                              |                       |     |
| 2   |              |                              |                       |     |
| 3   |              |                              |                       |     |
| 4   |              |                              |                       |     |
| 5   |              |                              |                       |     |

- b) I am not holding salaried employment in any organization or under any person and that I shall duly intimate to you if and when I take up such salaried employment.
- c) I hereby declare that I am holding a salaried employment in [Name, address, phone no. & email-id of employer] \_\_\_\_\_ as [designation] \_\_\_\_\_.

d) I am holding/not holding Certificate of Practice as a Chartered Accountant issued by the Institute of Chartered Accountants of India.

e) (i) I am holding/not holding Certificate of Practice as a Company Secretary issued by the Institute of Company Secretaries of India.

(ii) I have/have not, directly or indirectly, been involved in carrying out on behalf of any of my clients, any of the activities or transactions notified by the Central Government vide its notifications F. No. P-12011/12/2022- ES Cell-DOR dated 3<sup>rd</sup> May 2023 and F. No. P-12011/10/2023-ES Cell-DOR dated 9<sup>th</sup> May 2023 which are subject to the provisions of the Prevention of Money Laundering Act, 2002 (PMLA) and its associated regulations.

(iii) I assure that while carrying out any of the activities or transactions referred to in clause (i) above, I shall comply with the KYC Guidelines issued by the Council of the Institute.

f) I am not an Advocate registered with any State Bar Council / I am an Advocate registered with \_\_\_\_\_ Bar Council and I have voluntarily suspended practice as Advocate vide letter No. \_\_\_\_\_ dated \_\_\_\_\_. I shall intimate to you if and when I resume practice as Advocate.

7. I enclose herewith the requisite fees<sup>#</sup> as detailed below: (Figures in Rupees):

| CoP Fee <sup>#</sup> | Restoration Fee <sup>#</sup><br>(if applicable) | Current Annual Membership Fee <sup>#</sup> | Total <sup>#</sup> |
|----------------------|---|--|--------------------|
| Rs. 2000.00          | Rs. 500/-                                       |  |                    |

8. I am furnishing the details of my PAN and AADHAR as:

| Name appearing in PAN* | First | Middle | Last | AADHAR NO. * |
|------------------------|-------|--------|------|--------------|
|                        |       |        |      |              |

Yours faithfully,

Place :

Date :

\_\_\_\_\_  
Signature of Member

Membership No. \_\_\_\_\_

| Salutation   | Mr. / Mrs. / Ms. / Dr. | FULL NAME OF THE APPLICANT |         |           |          |  |       |
|--------------|------------------------|----------------------------|---------|-----------|----------|--|-------|
| First *      |                        |                            |         |           |          |  |       |
| Middle       |                        |                            |         |           |          |  |       |
| Last *       |                        |                            |         |           |          |  |       |
| Professional | Line 1*                |                            |         |           |          |  |       |
|              | Line 2                 |                            |         |           |          |  |       |
|              | Line 3                 |                            |         |           |          |  |       |
|              | Line 4                 |                            |         |           |          |  |       |
|              | City *                 |                            | State   |           | Pincode* |  | PAN * |
| ISD Code     |                        | STD Code                   |         | Phone No. |          |  |       |
| Mobile *     |                        |                            | Email * |           |          |  |       |

1. Name in membership record should match as spelt in PAN.

2. In case space provided is not sufficient, additional sheets may be attached and data provided in the same format as above.

3. Strike off words not applicable.

**# Plus applicable GST.**