



THE INSTITUTE OF COST ACCOUNTANTS OF INDIA

(STATUTORY BODY UNDER AN ACT OF PARLIAMENT)

FORM: M-5

FORM OF APPLICATION FOR PARTICULARS OF OFFICES AND FIRMS

(The Form will not be processed if (*) marked fields are not filled in) [FILL IN CAPITAL LETTERS]

Name of Firm/Cost Accountant's trade name *																				
Email id of Firm *																				
d	d	m	m	y	y	y	y	d	d	m	m	y	y	y	y	Firm Registration No.				
Date of Constitution of Firm ²						Date of Reconstitution of Firm						PAN of Firm								
Name(s) of the Proprietor/Partner(s) of the firm with Membership Number(s). Attach separate sheet if necessary	Full Name (as per Institute Register of Members) *											Membership No. *				Mobile No. *				
	1																			
	2																			
	3																			
	4																			
	5																			
	6																			
	7																			
8																				

Address of Head Office	Line 1*														
	Line 2														
	Line 3														
	Line 4														
	City*					State					Pincode*				
	ISD Code			STD Code			Phone No.								

Address of Branch Office	Line 1*														
	Line 2														
	Line 3														
	Line 4														
	City*					State					Pincode*				
	ISD Code			STD Code			Phone No.								

Name & Address of Branch In-Charge	Full Name of Member*														
	Membership No. *					Mobile No. *									
	Line 1*														
	Line 2														
	Line 3														
	Line 4														
	City*					State					Pincode*				
	ISD Code			STD Code			Phone No.								

Address of Branch Office	Line 1*															
	Line 2															
	Line 3															
	Line 4															
	City*					State					Pincode*					
	ISD Code		STD Code				Phone No.									
	Name & Address of Branch In-Charge	Full Name of Member*														
Membership No.*						Mobile No.*										
Line 1*																
Line 2																
Line 3																
Line 4																
City*						State					Pincode*					
ISD Code			STD Code				Phone No.									
Address of Branch Office	Line 1*															
	Line 2															
	Line 3															
	Line 4															
	City*					State					Pincode*					
	ISD Code		STD Code				Phone No.									
	Name & Address of Branch In-Charge	Full Name of Member*														
Membership No.*						Mobile No.*										
Line 1*																
Line 2																
Line 3																
Line 4																
City*						State					Pincode*					
ISD Code			STD Code				Phone No.									
Name & Address of the Members of the Institute who are working as paid Assistant in the Firm / under the Cost Accountant		Full Name (as per Institute Register of Members)				Status	Membership No.				Mobile No.					
	1															
	2															
	3															
	4															
	5															

Place :

Date :

Signature of the Cost Accountant / Partner of the Firm of the Cost Accountants with Seal

Note:

1. Full Names of the members should be provided.
2. Date of Constitution of Firm not to be filled in for first time application for constitution of Firm.
3. In case space provided is not sufficient, additional sheets may be attached and data provided in the same format as above.
4. In case of a partnership firm, signature of all the partners is mandatory.