

Annexure 4A

FORM 1

FORMS FOR GIVING PARTICULARS OF OFFICE AND FIRMS

[SEE REGULATION -165]

1. Name of the company secretary or firm of company secretary in practice

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

3. Date of Commencement of Firm _____

4. Address of the head office of the company secretary/firm

Pin Code: _____

5. *Addresses of branch offices of the company secretary/firm, if any *

Pin Code: _____

6. *The date(s) of opening of branch office(s)

7. Name of the member In-charge of each of the office i.e. Head office & Branch Office(s), with membership no.

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8. Whether any of the members mentioned in column 7 above are in charge of any other office of company secretary or a firm of such company secretar(ies) and whether any of them is engaged in full time or part time occupation elsewhere. If so, full particulars should be given

9. Name(s) of the member(s) of the Institute with membership number(s) who is/are working as paid assistant(s) in the firm/under the company secretary in practice and date of joining of each member

Place:

Signature

Date:

of the Company Secretary/Partners
of the firm with Membership Number

N.B. This form must be signed by all partners. Until this is done, the existence of partnership or change relating thereto will not be recognised. An attested copy of the partnership deed should be sent with this form duly authenticated by a partner of the firm.

* Strike off whichever is not applicable