

## Form - Form\_ADT-1 (for 5 Years)

## :: Contact Person Details ::

Name *	<input type="text"/>
Address *	<input type="text"/>
Email *	<input type="text"/>
Phone No *	<input type="text"/>

## COMPANY DETAILS

Corporate Identity Number (CIN) *	<input type="text"/>
Company Name *	<input type="text"/>
Registered Office Address * (Plz Mention At./Vill., P.O, P.S, Dist., Pin Code)	<input type="text"/>

## AUDITOR DETAILS

Auditor Name *	<input type="text"/>
Auditor Membership Number *	<input type="text"/>
Auditor Firm Name *	<input type="text"/>
Auditor Firm Registration Number *	<input type="text"/>
Auditor Firm Address * (Plz Mention At./Vill., P.O, P.S, Dist., Pin Code)	<input type="text"/>

## UPLOAD DOCUMENTS

Copy of resolution passed by the Board/Company *	<input type="button" value="Browse..."/> No file selected.
Copy of the Intimation Sent by Company *	<input type="button" value="Browse..."/> No file selected.
Copy of Written Consent Given by Auditor *	<input type="button" value="Browse..."/> No file selected.

## SPONSORED INFORMATION AND FINAL SUBMISSION

Sponsored Present ? *	<input type="radio"/> Yes <input type="radio"/> No
If Yes, Give the Sponsored Username	<input type="text"/>