

## Form No. ADT-3

### Notice of resignation by the auditor

[Pursuant to section 140(2) of the Companies Act, 2013 and rule 8 of the Companies (Audit and Auditors) Rules, 2014]



Form language

☒ English

☐ Hindi

Refer instruction kit for filing the form.

All fields marked in \* are mandatory

#### Company's details

1 \*Corporate Identity Number (CIN)

2 (a) \*Name of the company

(b) \*Address of the registered office of the company

(c) \*Email ID of the company

3 \*SRN of ADT-1

#### 4 Auditor's information

(a) \*Category of Auditor

(b) Firm Registration Number

(c) Name of the Auditor 's Firm

(c)(i) Income Tax permanent account number of auditor's firm

(ii) Address of the auditor's firm

Address Line 1

Address Line 2

Country

Pin Code/Zip code

Area/Locality

City

District

State/UT

(d) \*Membership Number of Auditor signing the audited accounts of the company

(e) *Name of the Auditor	<input type="text"/>
(e)(i) *Income Tax permanent account number of auditor	<input type="text"/>
(ii) Address of the auditor	
*Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
*Country	<input type="text"/>
*Pin Code/Zip Code	<input type="text"/>
*Area/Locality	<input type="text"/>
*City	<input type="text"/>
District	<input type="text"/>
*State/UT	<input type="text"/>
(f) *Date of appointment of the auditor or auditor's firm (DD/MM/YYYY)	<input type="text"/>
5 (a) *Date of resignation of the auditor or auditor's firm (DD/MM/YYYY)	<input type="text"/>
(b) *Reasons for resignation	<input type="text"/>
(c) Any other facts relevant to the resignation	<input type="text"/>

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### Attachments

(a) *Resignation letter	<input type="text" value="Max 2 MB"/>	<input type="button" value="Choose"/>	<input type="button" value="Remove"/>	<input type="button" value="Download"/>
(b) Optional attachment(s) - if any	<input type="text" value="Max 2 MB"/>	<input type="button" value="Choose"/>	<input type="button" value="Remove"/>	<input type="button" value="Download"/>

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### Declaration

I hereby confirm that the information given in this form and its attachments is correct and complete. I am duly authorised to sign and submit this form.

### \*To be digitally signed by

*Designation (Auditor/Partner of the audit firm)	<div>DSC BOX</div> <div><input type="text"/><input type="button" value="▼"/></div>
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\*Whether associate or fellow:

☐ Associate      ☐ Fellow

*Membership Number	<input type="text"/>
	<div><input type="button" value="Save"/> <input type="button" value="Submit"/></div>

**Note: Attention is drawn to provisions of Section 448 and 449 of the Companies Act, 2013 which provide for punishment for false statement / certificate and punishment for false evidence respectively.**

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***For office use only:***

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)