# 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]

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

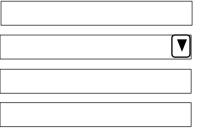
State/UT

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



Form language

English Hindi



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

# Attachments

(a) *Resignation letter	Max 2 MB	Choose	Remove	Download
(b) Optional attachment(s) - if any	Max 2 MB	Choose	Remove	Download

# 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)

\*Whether associate or fellow:

O A	ssociate
-----	----------

O Fellow

\*Membership Number





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.

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

•