

**FORMAT OF THE CONSOLIDATED CONCURRENT AUDIT REPORT
TO BE ATTACHED AS ANNEXURE TO THE INTERNAL AUDIT REPORT,
IF THE CONCURRENT AUDITOR IS DIFFERENT FROM THE INTERNAL AUDITOR**

DP-ID:	:	
DP Name	:	
Period for which the consolidated Concurrent audit report is submitted	:	
Name of the Audit firm Conducting concurrent audit	:	
Address of the Audit Firm:	:	
Name of the Auditor	:	
Designation of the Auditor	:	
PAN of the Auditor	:	
Office Phone No.:	:	
Mobile No.:	:	
Email id of the Firm :	:	
Registration No. of the Auditor	:	
Registration No. of the Audit Firm	:	

I/We certify that the Concurrent Audit of risk prone areas has been done on 100% basis in accordance with the guidelines specified by CDSL for the below mentioned risk prone areas :-

1. Account Opening:
2. Account Modifications:
3. Issuance of Instruction Slips:
4. Execution of Instruction Slips:
5. Account Closure initiated by DP:
6. Investor Grievances Received By the DP:
7. Others:
 - (i) Whether main DP sends Transactions Statements as prescribed by CDSL
 - (ii) If the transaction statements are sent through electronic mode
 - (iii) Transmission
 - (iv) Transactions processed through Back Office Software and updated regularly
 - (v) Mandatory use of the DP login for execution of the transactions through "easiest"
 - (vi) Non Disposable Undertakings (NDUs)

Note: Please refer to Communiqué 205 dated April 18, 2018 before commenting on any non-compliance, if any in the respective area of DP Operations mentioned above.

Concurrent auditors are required to give comments on the following:

- (i) Whether any lapse was observed? – Yes No
- (ii) If any lapse was observed, the nature of deviation and the rationale of arriving at the conclusion should be mentioned. The number of instances and list of such instances to be attached as annexure.
- (iii) Suggestions for improvement. (If the auditor does not have any suggestion, the same should be specifically mentioned by the auditor)
- (iv) Compliance status and Management Comments (in case of negative observations).

I / we are not related party to the DP:

I / We hereby declare that at least one person conducting the concurrent audit of risk prone areas is NISM certified (DOCE / CPE)

Conflict of Interest certificate:

We hereby confirm that neither the firm nor any of the partner/ employees of the firm are directly or indirectly interested or associated with (*Name of the DP*) whose concurrent audit is carried out.

Stamp/Seal & Signature of the Auditor

Date:

Management Comments:

Stamp and Signature of the Depository Participant:

Date: