## FORM NO. CRA-2

[Pursuant to section 148(3) of Companies Act, 2013 and rule 6(2) & 6(3A) of the Companies (cost records and audit) Rules. 2014]



Form of intimation of appointment of cost auditor by the company to Central Government

Rules, 2014]	सत्यमेव जयते	Central Gove	eriment
Form language   English   Hindi			
Note: Refer the instruction kit for filing the form. IN CASE OF REVISED CRA-2, ALL THE DETAILS MUST	ΓBE FILLED AF	RESH.	
*Corporate identity number (CIN) or foreign compan registration number (FCRN) of the company	у		Pre-fill
(b) Global location number (GLN)			
2.(a) Name of the company			
(b) Address of the registered office or of the principal place of business in India of the company			
(c) *e-mail ID of the company			
(d) *Phone(with STD code) -			
(e) *Nature of intimation of appointment of cost auditor(	(s)		
(i)*Firm registration number(FRN) of the Cost a  (ii) *Name of the Cost Auditor/Cost Auditor's fire		ditor's firm/LLP	
(iii) *Date of casual vacancy (iv) *Reason of casual vacancy			
*Product(s)/ Service(s) to which Cost Audit relates -	-		
(a) Number of Industries/Sectors/Products/Services (Concovered under regulated sectors  Details of such industries/sectors/products/services		_evel, wherever applic	able as per rules)
Industries/sectors/products/services		heading rever Applicable)	No. of tariff items/ Products/ services

Inc	dustries/sect	ors/products/serv	rices	CETA heading (wherever Applicable	No. of tariff items/ Products/ services	
	ails of all the	e cost auditor(s) ap	ppointed			_
(a).*Cat	egory of the	auditor 🔘 Indiv	ridual	nip firm C Limited liabilit	y partnership (LLP)	
(b) (i) *I	Membership	number of the co	st auditor or memb	per representing the firm/L	LP	
(ii)	Name of the	cost auditor or me	ember representing	the firm/LLP		
(iii)*	Firm Registra	ation Number(FRN	I) of the Cost Audito	or/Cost Auditor's firm/LLP		╣
		Cost auditor's firm		3., Cooc. (waite, 6, 22.		
						_
(c) (i) A	Address	* Line I				
(ii) *(	∩itv	LINE II		]		
(iii)*\$						
	Country					
	Pin code					
(vi)*e	e-mail ID of th	ne firm or member				]
(d) *Date	e of the boar	d meeting in which	cost auditor was ap	ppointed	(DD/MM/YYYY)	J
	e of appointr		·			
			ue to casual vacanc	y Appointment for ne	w products/services/location	
	_	f the cost auditor/f		, 0 11	,	

Attachments		List of attachments
(1).*Copy of Board resolution of the company	Attach	
(2). Optional attachment, if any	Attach	
		Remove attachment
	Declaration	
I am authorized by the Board of Directors of the Comp	oany vide resolutio	on number*
dated * to sign this form and declar made thereunder in respect of the subject matter of the also declare that all the information given herein about form and nothing material has been suppressed.  *To be digitally signed by  *Designation	nis form and matte	-
*Director identification number of the director; or PA	AN of the	
Manager or CEO or CFO or authorized representat	tive;	
or Membership number of the Company Secretary		
Note: Attention is drawn to provisions of Section 44 certificate and punishment for false evidence respe		provide for punishment for false statement /
Modify Check Form		Prescrutiny Submit

This Form has been taken on file maintained by the Central Government through electronic mode and on the basis of statement of correctness given by the company