

***Annexure 4***

**CONSENT FORM**

*[Pursuant to Clause 12.1(v) of the ICSI Chapter Management Guidelines, 2024]*

**Statement of Particulars**

*(To be Annexed to the Consent Form)*

## CONSENT FORM

*[Pursuant to Clause 12.1(v) of the ICSI Chapter Management Guidelines, 2024]*

I, [.....enter name.....] being a Member of the Institute of Company Secretaries of India (ICSI) and having Professional Address or Residential Address (in the absence of Professional Address) within the jurisdiction of [.....] Chapter of the [.....enter the region.....] India Regional Council of ICSI, not being in arrears this day in respect of Annual Membership Fee for the current financial year, and being *eligible* [refer Clause 12.1(iv)] to stand for Nomination, hereby accord the *consent* to be nominated for one of the seats to be filled up for the Managing Committee of the said Chapter, caused due to the casual vacancy of a Member(s) of the Managing Committee.

I agree to abide by the provisions of the ICSI Chapter Management Guidelines, 2024 and the decision(s) taken by the Council / Institute from time to time.

The duly filled *Statement of Particulars* is enclosed herewith.

Signature : [.....] Date : [.....]

Name in full : [.....] Place : [.....]

Membership No. : [.....]

CoP No. / eCSIN (if any) : [.....]

Professional Address or  
Residential Address (in  
the absence of  
Professional Address)  
:  
[.....]  
[.....]  
[.....]  
[.....]

*(Contd..)*

*Paste latest  
passport size  
colour  
photograph*

## STATEMENT OF PARTICULARS

*(To be annexed to the Consent Form)*

a. Name	
b. Membership No. and CoP No. / eCSIN (if any)	
c. Professional Address or Residential Address (in the absence of Professional Address)	
d. Date of birth	
e. Date of Enrolment as an Associate / Fellow member	ACS _____ FCS _____
f. Whether citizen of India	[Yes/No]
g. Whether found guilty of any professional or other misconduct and consequently has been reprimanded or the name has been removed from the Register of Members or has been awarded penalty of fine as on the date of nomination.	[Yes/No]

<p>h. If the answer is [Yes] to (g) above, provide the following details, <i>wherever applicable</i> (separately for each misconduct for which found guilty):</p> <ul style="list-style-type: none"> <li>i. the offence for which found guilty</li> <li>ii. the date of reprimand</li> <li>iii. the date from which the name was removed on account of above disqualification from the Register of Members</li> <li>iv. the total period of removal</li> <li>v. the date on which the period of removal expired</li> <li>vi. whether the removal was on account of misconduct falling under the First Schedule or Second Schedule</li> <li>vii. the date on which the penalty of fine was awarded</li> <li>viii. amount of penalty of fine</li> <li>ix. the date on which the payment was made for penalty of fine awarded.</li> </ul>	
<p>i. Other information [if any]:</p> <ul style="list-style-type: none"> <li>a. Academic qualifications (diplomas including post qualification diploma(s) and degrees recognised by Government/Council and membership of professional bodies recognized by the Council);</li> <li>b. Merit awards (limited upto first three positions) in the examinations of recognised universities and the examinations conducted by the Institute;</li> <li>c. Past and present membership of Managing Committees of Chapters and office bearership.</li> </ul>	

<p>j. Particulars of occupation: -</p> <ul style="list-style-type: none"> <li>i. Employment (designation with name of present employer)</li> <li>ii. Practice (sole proprietor or in partnership including the name of the firm)</li> <li>iii. Particulars of other occupation/engagement, if not covered by (i) and (ii) above.</li> </ul>	
<p>k. Please attach-</p> <ul style="list-style-type: none"> <li>i. Self-attested copy of proof of Professional Address or Residential Address (in the absence of Professional Address).</li> <li>ii. Two coloured passport size photographs.</li> </ul>	

**[Signature of the Candidate]**

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**VERIFICATION**

I, [.....] having ACS/FCS Number [.....] do hereby verify that the information provided in the foregoing 'Statement of Particulars' is true and correct to the best of my knowledge and belief and nothing relevant has been concealed thereof.

Verified on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

**[Signature of the Candidate]**

**Place:**