

DECLARATION OF INTEREST

(Pursuant to Clause 8 of the ICSI Chapter Management Guidelines, 2024)

[Tick (✓) Appropriate Box]

**Member of the Managing
Committee** ☐

**Member proposing to stand for
election/nomination to the
Managing Committee** ☐

**Member proposing to be
nominated to fill casual
vacancy to the Managing
Committee** ☐

**Member of the
Sub-Committee** ☐

**Member proposing to
be nominated to the
Sub-Committee** ☐

I, _____, having professional address or residential address (in the absence of professional address) within the Jurisdiction of the _____ Chapter of ICSI, do hereby solemnly confirm that, I [am / am not] directly or indirectly, related / connected / interested or through any of my relative, in any private coaching centre running classes for the Company Secretaryship Course or serve as faculty thereof or involved in promotional activities for the same, pursuant to Clause 8.1 of the Chapter Management Guidelines, 2024.

The details of such interest [if any] are hereby annexed.

Signature [.....]

Name [.....]

ACS/FCS No. [.....]

Date [.....]

Place [.....]

FORMAT OF KYM (Know Your Member) DECLARATION

(Pursuant to Clause 9 of the ICSI Chapter Management Guidelines, 2024)

[To be submitted online-Login with Personal Email id]

1. Region/Chapter [to be selected]:
2. Name of Member (First Name, Middle Name, Last Name):
3. Membership Type: [ACS/FCS]
4. Membership Number:
5. CoP Number (if any):
6. Designation with ICSI Regional/Chapter (like Chairman, Secretary, Member etc.):
7. Mobile Number:
8. Status of Occupation (Employed / CoP Holder/ Business/Any other Practice/others):
9. Particulars of Occupation [Name of the Firm/Organization]:
10. Professional Address or Residential Address (in the absence of Professional Address)
City:
State:
Pin code:
11. **UPLOAD** the Self Attested copy of proof of Professional Address or Residential Address (in the absence of Professional Address).

Note: Members are requested to provide Self Attested copy of proof of Professional Address or Residential Address (in the absence of Professional Address) as per details given below:

Members in Employment	: Office Id-card having address/ letter from the HR Department of the Employer / eCSIN details.
Members having Certificate of Practice	: Electricity / Telephone bill (not older than 02 months) of the premises/Rent agreement / GST Registration Certificate
Members in other Practice/ Business:	: Electricity / Telephone bill (not older than 02 months) of the premises/Rent agreement.

- Members not covered above : 1. Electricity / Telephone bill (not older than 02 months) of the residential premises/Rent agreement; AND
2. A self-declaration, duly signed, stating that the Member is not engaged in any business or professional work.

DECLARATION

I, [.....] having ACS/FCS Number [.....] do hereby declare that the information provided in the Format of KYM Declaration 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 :

Place :

CONSENT FORM

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

I, [.....] 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]

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): i. the offence for which found guilty ii. the date of reprimand iii. the date from which the name was removed on account of above disqualification from the Register of Members iv. the total period of removal v. the date on which the period of removal expired vi. whether the removal was on account of misconduct falling under the First Schedule or Second Schedule vii. the date on which the penalty of fine was awarded viii. amount of penalty of fine ix. the date on which the payment was made for penalty of fine awarded.	
i. Other information [if any]: a. Academic qualifications (diplomas including post qualification diploma(s) and degrees recognised by Government/Council and membership of professional bodies recognized by the Council); b. Merit awards (limited upto first three positions) in the examinations of recognised universities and the examinations conducted by the Institute; c. Past and present membership of Managing Committees of Chapters and office bearership.	

j. Particulars of occupation : i. Employment (designation with name of present employer) ii. Practice (sole proprietor or in partnership including the name of the firm) iii. Particulars of other occupation/engagement, if not covered by (i) and (ii) above.	
k. Please attach : i. Self-attested copy of proof of Professional Address or Residential Address (in the absence of Professional Address). ii. Two coloured passport size photographs.	

[Signature of the Candidate]

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: