

Format of Affidavit for Cancellation of Certificate of practice to be executed on a non-judicial stamp paper of Rs. 20/- and attested by 1st Class Magistrate/Notary Public/Oath Commissioner.

AFFIDAVIT

IS/o /D/o / W/o
.....aged aboutResident of
.....having professional address at
.....do hereby solemnly affirm and declare as under:-

1. That I am an ACS/FCS member of The Institute of Company Secretaries of India having membership no.w.e.f.....
Certificate of practice no _____w.e.f
2. That I was issued/in possession of Certificate of Membership as Certificate of Practice (COP NO _____) issued by the Institute of Company Secretaries of India.
3. Certificate of practice certificate has been misplaced/lost due to
..... (State reason here).
4. That in case of the said original certificate is found, I shall immediately return the duplicate certificate to the Institute of Company Secretaries of India.

DEPONENT

VERIFICATION

Verified that the contents of the above affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therefrom

Verified at on thisday of

DEPONENT