

Form No. ADT-4

Report to the Central Government

[Pursuant to sub-section (12) of section 143 of the Companies Act, 2013 read with rule 13 of the Companies (Audit and Auditors) Rules, 2014]



Form language

☒ English

☐ Hindi

Refer instruction kit for filing the form

All fields marked in * are mandatory

*Form filed by ☐ Statutory Auditor ☐ Cost Auditor ☐ Secretarial Auditor

Company Details

1 *Corporate Identity Number (CIN)

2 (a) *Name of the company

(b) *Registered office address

(c) *E-mail ID of the company

Auditor's Details

3 (a) SRN of ADT-1/CRA-2 (as applicable)

(b) Date of filing (DD/MM/YYYY)

4 Details of auditor or auditor's firm

(a) *Name of the auditor

(b) Name of the auditor's firm

(c) *Membership number

(d) Firm Registration number (FRN)

(e) *Address Line 1

Address Line 2

*Country

*Pin code/Zip code

*Area/Locality

*City

District

*State/UT

(f) *E-mail ID

Offence Details

5 Details of the office or location where the suspected offence is believed to have been or is being committed

(a) *Number of offices

Is location of suspected offence same as the registered office of the company?	Address Line 1	Address Line 2	Country	Pincode/Zip code	Area/Locality	City	District	State/UT
☐ Yes ☐ No								
☐ Yes ☐ No								

6 (a) *Full details of the suspected offence involving fraud and the basis on which fraud is suspected

(b) Period during which suspected fraud has occurred

*From (DD/MM/YYYY)

*To (DD/MM/YYYY)

Officer(s) Details

7 Particulars of officers or employees who are suspected to be involved in the commission of the offence, if any

(a) Number of officers

Whether the suspect is Director or Employee	Name	Name - Others	Designation	Director Identification Number (DIN)	Permanent Account Number (PAN)

Other Details

8 (a) *Date of sending report to the Board or Audit Committee as per rule 13(1)
(DD/MM/YYYY)

(b) *Whether reply was received from Board or Audit Committee

☐ Yes ☐ No

(c) Date of reply received from Board or Audit Committee (DD/MM/YYYY)

(d) Summary of reply received

9 (a) Whether auditor is satisfied with the reply of the Board or Audit Committee

☐ Yes ☐ No

(b) If no, reasons thereof

10 *Estimated amount involved in suspected fraud.

Please enter the amount in INR only

11 (a) *Has company taken any steps in this regard?

☐ Yes ☐ No

(b) Details of steps, if any, taken by the company in this regard
(Furnish full details with references)

12 Any other relevant information

Attachments

(a) Copy of reply received from Board or Audit Committee

Copy of reply received

Choose

Remove

Download

(b) Optional attachment(s) - if any

Copy of reply received

Choose

Remove

Download

Verification

I, * Proprietor/Partner of * , Chartered Accountants/Company
Secretaries/Cost Accountants do hereby declare that the information furnished above is true, correct and complete in all
respects including the attachments to this form.

***To be digitally signed by**

DSC BOX

- ☐ Chartered Accountant (in whole-time practice)
☐ Cost Accountant (in whole-time practice)
☐ Company Secretary (in whole-time practice)

*Whether Associate or Fellow

☐ Associate ☐ Fellow

*Membership number

*Certificate of Practice number

Note: Attention is drawn to provisions of section 448 and 449 of the Companies Act, 2013 which provide for punishment for false statement / certificate and punishment for false evidence respectively.

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This eForm is hereby registered

DSC BOX

Date of signing (DD/MM/YYYY)