

**Form No. ADT-3****Notice of resignation by the auditor**

[Pursuant to section 140(2) of the Companies Act, 2013  
and rule 8 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*

**Company's details**

1 \*Corporate Identity Number (CIN)

2 (a) \*Name of the company

(b) \*Address of the registered office of the company

(c) \*Email ID of the company

3 \*SRN of ADT-1

**4 Auditor's information**

(a) \*Category of Auditor

(b) Firm Registration Number

(c) Name of the Auditor's Firm

(c)(i) Income Tax permanent account number of auditor's firm

(ii) Address of the auditor's firm

Address Line 1

Address Line 2

Country

Pin Code/Zip code

Area/Locality

City

District

State/UT

(d) \*Membership Number of Auditor signing the audited accounts of the company

(e) \*Name of the Auditor

(e)(i) \*Income Tax permanent account number of auditor

(ii) Address of the auditor

\*Address Line 1

Address Line 2

\*Country

\*Pin Code/Zip Code

\*Area/Locality

\*City

District

\*State/UT

(f) \*Date of appointment of the auditor or auditor's firm (DD/MM/YYYY)

5 (a) \*Date of resignation of the auditor or auditor's firm (DD/MM/YYYY)

(b) \*Reasons for resignation

(c) Any other facts relevant to the resignation

**Attachments**

(a) \*Resignation letter

Max 2 MB

Choose

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(b) Optional attachment(s) - if any

Max 2 MB

Choose

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**Declaration**

I hereby confirm that the information given in this form and its attachments is correct and complete. I am duly authorised to sign and submit this form.

**\*To be digitally signed by**

DSC BOX

\*Designation

(Auditor/Partner of the audit firm)

\*Whether associate or fellow:

☐ Associate ☐ Fellow

\*Membership Number

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Submit

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**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.

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*For office use only:*

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)