[To be published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i)]

GOVERNMENT OF INDIA MINISTRY OF CORPORATE AFFAIRS

NOTIFICATION

New Delhi, the June, 2015

G.S.R.....(E).- In exercise of the powers conferred by sub-sections (1) and (2) of section 469 and section 148 of the Companies Act, 2013 (18 of 2013), the Central Government hereby makes the following rules further to amend the Companies (cost records and audit) Rules, 2014, namely:-

- 1. (1) These rules may be called the Companies (cost records and audit) (Amendment) Rules, 2015.
 - (2) They shall come into force from the date of their publication in the official Gazette.
- In the Companies (cost records and audit) Rules, 2014, in the Annexure, for Forms CRA-2 and CRA-4, the following forms shall respectively be substituted, namely:-

"FORM – CRA–2 (Pursuant to sub-rule (2) of rule 6 and sub-rule (3A) of rule 6)		Form of intimation of appointment of cost auditor by the company to Central Government		
Fo	orm language o English o Hindi			
I	Note: Refer the instruction kit for filing the form. All fie IN CASE OF REVISED CRA-2, ALL THE DETAILS MUST BE	lds marked in * are to be mandatorily filled. FILLED AFRESH.		
1.	(a) *Corporate identity number (CIN) or foreign company registration number (FCRN) of the company	Pre-fill		
	(b) Global location number (GLN) of company			
2.	(a) Name of the company			
	(b) Address of the registered office or of the principal place of business in India of the company			
	(c) *e-mail ID of the company			

	(d) *Phone	(with STD code)	-		
(e) *Nature of intimation of appointment of cost auditor(s)					
 (f) (i) *SRN of CRA-2/23C filed earlier for appointment of cost auditor(s) for the current Financial (ii) *Number of such auditor(s) whose place of office is vacated 					
					(iii) Particulars of the auditor(s) whose place of office is vacated
	l (i)	*Firm registration number(FR	N) of the Cost auditor/Cost	Auditor's firm/LLP	
	(ii)	*Name of the Cost Auditor/Co	ost Auditor's firm/LLP		
	(iii) *Date of casual vacancy			
	(iv) *Reason of casual vacancy			
	L				
3.	*Product(s	s)/ Service(s) to which Cost Au	dit relates		
	(a) Numbe	er of Industries/Sectors/Produ	cts/Services (CETA Heading	Level, wherever applicable as per rules)	
		d under regulated sectors			
	Details	of such industries/sectors/pr	oducts/services		
	Industria	s/sectors/products/services	CETA handing (where		
	muustne	sy sectors/products/services	CETA heading (wherever Applicable)	No. of tariff items/ Products/ · services	
	(b) Numbe	er of Industries/Sectors/Produ	cts/Services (CETA Heading	Level, wherever applicable as per rules)	
		d under non-regulated sectors			
Details of such industries/sectors/products/services					
	Industries	/sectors/products/services	CETA heading	No. of toriff items/Decidents/	
	muustnes	sectors/products/services	CETA heading (wherever Applicable)	No. of tariff items/Products/ services	
4.	*Details of	all the cost auditor(s) appoint	ed		
	*Number	of cost auditor(s)			
١.	(a) *Catego	ory of the auditor O Individua	 al O Partnership firm O L	imited liability partnership (LLP)	
				ing the Cost Auditor's Firm/LLP	
		ne of the Cost Auditor/ membe			
	(iii) *Firm	n Registration Number(FRN) o	f the Cost Auditor/Cost Aud	litor's firm/LLP	

(iv) *Name of the Cost Auditor's firm/LLP
(c) (i) Address *Line I
Line II
(ii) *City
(iii)*State
(iv) *Country
(v) *Pin Code
(vi) *e -mail ID of the firm or member
(d) *Date of the board meeting in which cost auditor was appointed DD/MM/YY
 (e) *Type of appointment O Original O Appointment due to casual vacancy O Appointment for new products/services/location (f) *Scope of audit of the cost auditor/firm/LLP
*Financial year to be covered under the cost audit From (DD/MM/YYYY) To (DD/MM/YYYY)
(a) *Is there any change in cost auditor(s) appointed, from the previous financial year O Yes O No O N applicable
(b)*Mention the Firm Registration number(s) and name of the previous cost auditor(s) which has not be reappointed.
(c) *Reasons for change
(d) *Whether the previous cost auditor(s) has/have been informed about the change O Yes O No

Attachments	List of attachments
(1) *Copy of Board resolution of the company	Attach
(2) Optional attachment, if any.	Attach
	Remove Attachment
Dec m authorized by the Board of Directors of the Compa	claration
ted * to sign this form and	declare that all the requirements of Companies Act, 201
d the rules made thereunder in respect of the subject	ct matter of this form and matters incidental thereto have
en complied with. I also declare that all the inform	nation given herein above is true, correct and complete
luding the attachments to this form and nothing ma	tenai nas been suppressed.
*To be digitally signed by DSC BOX	
boo orginally signed by	
*Designation	
*Director identification number of the director; or PAN of Manager or CEO or CFO or authorized representative;	f the
or Membership number of the Company Secretary	
e: Attention is drawn to provisions of sections 448	and 449 of the Companies Act, 2013 which provide for
hishment for false statement / certificate and punish	hment for false evidence respectively.
Modify Check Form	Prescrutiny Submit
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FORM - CRA- (Pursuant to sub-rule (6)		Form for filing Cost Audit Report with the Central Government
orm language o English o Note: Refer the instruction k		arked in * are to be mandatorily filled.
 (a) *Corporate identity nur registration number (FCRN) o 	nber (CIN) or foreign company f the company	Pre-fill
(b) Global location number (G	LN) of company	
. (a) Name of the company		
(b) Address of the registered office or of the principal place of business in India of the company		
(c) *e-mail ID of the company		
(d) * SRN of 23C/ CRA-2 filed f	for appointment of Cost Auditor(s)	Pre-fill
(a)* Financial year for which co	ost auditor was initially appointed	
From	(DD/MM/YYYY) To	(DD/MM/YYYY)
(b) *Whether any change in Fir	nancial Year Yes O	NOO
(c) *Changed Financial Year for	which report is being filed From	DD/MM/YYYY To DD/MM/YYYY
(d) *Date of Board of Directors	meeting in which Annexure to the	cost audit report was approved
	Sectors/ Product(s)/ Service(s) (CE	A heading level, wherever applicable as per Rules) for wh
(i) Regulated		
(ii) Non-Regulated		
(b) Details of such Industries/ S	ectors/ product(s)/ service(s) of the	company
(i) Details of such industri		

Industries/sectors/products/services	CETA heading (wherever Applicable)	No. of tariff items/Products/ services
(ii) Details of such industries/sectors/pro	oducts/services under non-reg	ulated sectors '
Industries/sectors/products/services	CETA heading (wherever Applicable)	No. of tariff items/Products/ services

5 (a) *State number of Industries/ Sectors/ Product(s)/ Service(s) (CETA heading level, wherever applicable as per Rules) not covered in the Cost Audit Report

- (i) Regulated
- (ii) Non-Regulated

(b) (i) Details of such Industries/ Sectors/ product(s)/ service(s) of the company under regulated sector

Industries/sectors/products/services	CETA heading (wherever Applicable)	No. of tariff items/Products/ services
		00111003

(b) (ii) Details of such Industries/ Sectors/ product(s)/service(s) of the company under non-regulated sector

Industries/sectors/products/services	CETA heading (wherever	No. of tariff items/Products/
	Applicable)	services

6 Details of the cost auditor(s) appointed

*Number of cost auditor(s) appointed

(a) *Category of the auditor O Individual O Partnership firm O Limited liability partnership (LLP)

(b)	(i) *Membership number of the cost auditor or member representing the cost auditor's firm/LLP	-
	in the cost addition of member representing the cost additor's firm/LLP	
	(ii) * Name of the Cost Auditor/ member representing the Cost Auditor's Firm/LLP	
	The cost Additor S FILIN/LLP	

(iii) * Firm registration number(FRN) of the Cost Auditor/Cost Auditor's firm/LLP (iv) *Name of the Cost Auditor's firm/LLP

(c) (i) Address	*Line I	
	Line II	
(ii) *City		
(iii)*State		
(iv) Country		
(v) *Pin Code	2	

(vi) *e -mail ID of the firm or member		
(d) *Date of the board meeting in which cost auditor was appointed	i <u>i i i i i i i i i i i i i i i i i i </u>	
 (e) *Type of appointment o Original o Appointment due to cas products/services/locations 	sual vacancy	o Appointment for new
(f) *Scope of audit of the cost auditor/firm/LLP		
(g) *Date of receipt of copy of cost audit report by the company		(DD/MM/YYYY)
7. (a) *Whether the cost auditor's report has been qualified	Yes O	NoO
If yes, please state		
(b) *Whether cost auditor's report has any reservations	Yes O	NoO
If yes, please state		
(c) *Whether cost auditor's report has any adverse remarks	Yes O	NoO
If yes, please state		
· · · · · · · · · · · · · · · · · · ·		
(d) *Whether the cost auditor's report contain any observations or suggestions	Yes O	No ()
If yes, cost auditor's observations/ suggestions		
	24	
Attachments	List of a	attachments
(1) *XBRL document in respect of the cost audit report and Attach		
Company's information and explanations on every		
Qualification and reservation contained therein		
(2) Optional attachment, if any. Attach	Remove At	ttachment
Declaration		
To the best of my knowledge and belief, the information given in this form and it		
I have been authorised by the Board of Director's resolution number	dated	(DD/MM/YYYY)

sign and submit the application.				
s confirmed that the attached XBRL	document(s) are t	he XBRL converted cop	y(s) of the du	ly signed cost audit repor
required under Section 148(2) and	company's inform	ation and explanations a	as required u	nder Section 148(6) of the
ompanies Act, 2013 and the rules m	ade thereunder. It	is further confirmed that	such docume	ent(s) have been prepared
ing XBRL taxonomy as notified by t	he Ministry of Corp	oorate Affairs for this purp	pose.	
*To be digitally signed by				
Director or Manager or CEO or CI	FO or Secretary of	the company		DSC BOX
(in case of Indian company) or au	thorised representation	ative		DOC DON
(in case of Foreign company)				
*Designation				
*Director identification number of the	e Director; or PAN of	the Manager		
or CEO or CFO or authorized represe		5		
of the Company Secretary				
te: Attention is drawn to provision nishment for false statement / cer				
Enclose and according to the second	neck Form	Prescrutiny		Submit
Wouny	ICCKTOTH	Trescruciny		
	e maintained by th	ne Central Government	through elec	tronic mode and
This e-form has been taken on fil				

12 06 2015

AMARDEEP SINGH BHATIA, Joint Secretary to the Government of India

Note.- The principal rules were published in the Gazette of India, Extraordinary, Part II, Section 3, Subsection (i), *vide* number G.S.R. 425 (E), dated the 30th June, 2014 and amended *vide* number G.S.R. 01(E), dated the 31st December, 2014.