ANNEXURE – ST-II

OFFICE OF THE COMMISSIONER OF CUSTOMS, CENTRAL EXCISE
AND SERVICE TAX

______________________ AUDIT COMMISSIONERATE
www………………………….gov.in
Tel: xxxxxxxx, Fax : xxxxxxxx
(e-mail id: ______@nic.in)

C.NO. Dated: . .2015.

To

M/s _______________________
(STC : ___________________________)

Sir/Madam


The Internal Audit Group headed by Shri _________________ Superintendent of Central Excise
(Audit) (Contact Phone No. _______________ and email id _______________). Audit Group No. ____ will take up
the audit of the accounts/records of your unit on _______ for the year(s) w ef _______ upto _______ (Last
completed financial year before the date of issue of this letter). It is requested that the following
documents may be furnished immediately to this office:

1) Copies of Balance Sheet, Trial Balance and Annual Financial Statement for the
   years__________
2) Annual returns submitted to the Registrar of Companies, Sales Tax, Income Tax
   Returns along with Annexures for the financial years _________________
3) Returns if any submitted to Banks/Financial Institutions for the period
   _________________
4) Cost Audit, Tax Audit and Internal Audit Reports, wherever applicable for the period
   _________________

2. It may please be noted that non-furnishing of information/documents within he stipulated time may
   attract penal action under Section 77 of the Finance Act, 1994.
3. It is also requested to designate a person (employee of the company/ registered concern) for
   coordinating with the Audit team and communicate the name, designation and contact numbers and e-mail id of
   the person so designated.
4. It is further requested that full co-operation may be extended to the Audit party in carrying out the
   audit and keep all the relevant records ready so that the audit can be conducted smoothly.
5. In case of any difficulty, you can get in touch with the undersigned through the telephone
   number/fax/email mentioned above.

Yours faithfully,

(NAME)
Additional/Joint Commissioner

Details of the Group:
Group No.
Names of the Officers and designations:
Phone Nos. Off. _______________ Mobile _______________
e-mail id of the group is ..............