

**Draft Information Report Template**  
**(To be submitted in hard copy in a sealed envelope)**  
**Last date of submission by 5.30 PM British Time [07-02-2024]**

**Union Bank of India (UK) Ltd**  
**Conversion of Financial Statements**

**To:**

**Mr Arun Selvaraj**  
**Chief Compliance Officer**  
**Union Bank of India (UK) Ltd**  
**Ground Floor, 12 Arthur Street**  
**London EC4R 9AB**

**From:**

**Subject: Proposal for Appointing Auditing and Accountant firm for Conversion of Financial Statements**

**Date: [Insert Date]**

**1.1 Qualifications and Experience (About Team to be involved in the process)**

- Brief introduction of the proposed team, including their professional qualifications, years of experience, and roles in previous engagements.
- Key team members:
  - **[Name, Title]:** [Qualifications and summary of experience in corporate governance and board evaluations].
  - **[Name, Title]:** [Qualifications and summary of experience in financial services].

**1.2 Knowledge of Accounting and Regulatory Framework (About Team to be involved in the process)**

**1.3 Previous Engagements (About Team to be involved in the process) in the same line of activity**

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**2.1 Market Standing**

- Overview of the firm's reputation in the financial services sector and among regulators.

- List of recognitions, certifications, or memberships relevant to the UK banking industry.

## 2.3 Independence

- Declaration of independence, affirming no conflicts of interest with the bank, its board, or its stakeholders.
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## 3.1 Fee Structure

- Detailed financial quotation, including:
    - Fees for Quarterly attestation and Annual Limited Review.
    - Any additional charges (e.g., travel, administrative expenses).
    - Total Fees +VAT
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### *Declaration by the Lead Team Member*

I, **[Name of Lead Consultant]**, on behalf of **[Firm Name]**, affirm that the information provided in this proposal is accurate and comprehensive. We commit to delivering the board effectiveness review with the highest standards of quality, independence, and professionalism.

**Signed:** \_\_\_\_\_

**Name:** [Name of Lead Consultant]

**Title:** [Title, Firm Name]

**Date:** [Insert Date]

### **Contact Information:**

- **Phone:** [Insert Phone Number]
- **Email:** [Insert Email Address]
- **Address:** [Firm Address]

**Note: While filling up the above information report, please be concise and objective.**