



ASSOCIATION OF NATIONAL ACCOUNTANTS OF NIGERIA
PRACTISING LICENCE APPLICATION FORM

FORM/ANAN/PL/01

1. CAC Registered Name:.....
(MUST BE A BUSINESS NAME, NOT A LIMITED LIABILITY COMPANY OR CHARTERED)

Firm's Address:
.....

Firm's Website:

Firm's LinkedIn Profile :.....

Firm's Email :

Phone Number(s):

2.Type of practice

i. Sole Practitioner

Name of the Practitioner:.....

Membership Number:Practising Certificate No:.....

Personal Email:.....

Phone Number(s):.....

Financial Reporting Council Number:.....

ii. Partnership (How many Partners)

Name of the Principal Partner:.....

Membership Number:Practising Certificate No:.....

Personal Email:

Phone Number(s):.....

Financial Reporting Council (FRC)Number:.....

A Name of other Partners:.....
Membership Number:.....Practising Certificate Number:.....

Email:.....

Phone Number(s):.....

Financial Reporting Council Number:.....

B Name of other Partners:.....
Membership Number:.....Practising Certificate Number:.....

Email:.....

Phone Number(s):.....

Financial Reporting Council Number:.....

C Name of other Partners:.....
Membership Number:.....Practising Certificate Number:.....

Email:.....

Phone Number (s):.....

Financial Reporting Council Number:.....

(ADDITIONAL OR SUPPORTING DOCUMENTS WHERE NECESSARY)

3. PROFESSIONAL INDEMNITY INSURANCE

i) Name of the Insurer:

Policy Number:

4. CONTINUITY OF PRACTICE FOR SOLE PROPRIETOR

I have made arrangements for the continuity of my practice in the event of my death or incapacitation with the firm of a qualified Professional Accountant licensed by ANAN.

Name of Firm to take over:

Address:.....

Town:.....State:.....

Phone Number:.....Email:.....

5. DECLARATION

I/we solemnly declare as follows:

That I/we shall notify the Association immediately in the event of the change in the information supplied in the support of my/our application or change in the circumstances of any event which may cast doubt on the validity of my/our application on the continuance of the condition.

I/we undertake to participate in periodic Quality Assurance review, Questionnaires and attend programmes of the Association particularly MCPD, MPPF and Practitioners interactive sessions at National and Branch levels.

I hereby acknowledged that, the information provided are to the best of my/our knowledge.

Name of Practitioner/Managing Partner:.....

Sign.....Date.....

6. AFFIRMATIONS (FOR OFFICE USE ONLY)

		COMMENT	SIGNATURE
1	Copy of Business Name Certificate from CAC		
2	Copy of Professional Indemnity Insurance		
3	Copy of Compliance with the minimum requirement (Infrastructure, personnel, equipment, etc.)		
4	Copy of ANAN Practicing Certificate		
5	Copy of Continuity of Practice for Sole Proprietor/Partnership Agreement		
6	Copy of Registration with Financial Reporting Council		
7	Copy of SCUMUL Certificate		
8	Evidence of Payment		

6. RECOMMENDATION BY THE DIRECTOR TECHNICAL & STANDARDS DEPARTMENT:

Name:.....Sign.....Date.....