



ASSOCIATION OF NATIONAL ACCOUNTANTS OF NIGERIA
FORM/ANAN/PL/02
APPLICATION FOR RENEWAL OF PRACTISING LICENCE

1. Name of Firm: _____
2. FRC number for the Firm: _____
3. Name of Principal Partner: _____
4. Telephone No: _____
5. Email Address: _____
6. Principal Partner's FRC Number: _____

7. Category of Firm (Tick as appropriate)

- | | |
|------------------------|--------------------------|
| i. Sole Practitioner | <input type="checkbox"/> |
| ii. 2 - 3 Partners | <input type="checkbox"/> |
| iii. 4 - 6 Partners | <input type="checkbox"/> |
| iv. 7 - 10 Partners | <input type="checkbox"/> |
| v. 11 Partners & Above | <input type="checkbox"/> |

8. Practising Certificate No: _____ Practising License No: _____
9. Date of 1st Issue: _____ Date of Last Renewal: _____

Name of other Partners:

Membership Number:

Email:

Phone Number (s):

Financial Reporting Council Number:

Practising Certificate Number:

Name of other Partners:

Membership Number:

Email:

Phone Number (s):

Financial Reporting Council Number:

Practising Certificate Number:

10. Head Office Address: _____

E-mail: _____

Tel. No.: _____

(b) Branch Offices (If any)

(i) Address: _____

E-mail: _____

Tel. No.: _____

(ii) Address: _____

E-mail: _____

Tel. No.: _____

11. MONITORING AND QUALITY ASSURANCE

I/We confirm my/our participation in all MCPD and MPPF programmes since the date of the last issuance/renewal of license.

I/We confirm that there is/are no pending litigations in respect of my/our professional Practice that I/We had not disclose to the Association.

I/We confirm that all enquiries/ queries from the Secretariat or any of its Committee have been addressed and cleared.

I/We affirm that I/We shall continue to co-operate with the Secretariat or any of its Committee by supplying all the information and evidences required by them from time to time.

I/we confirm that we are registered and have complied with the requirements of Special Control Unit Against Money Laundering (SCUML) on Anti Money Laundering & Combating Financing Terrorism. AML/CFT

DECLARATION (To be completed by the Management)

I confirm that all the information provided above are true:

Name: _____

Signature: _____ Date: _____

10. AFFIRMATIONS

		COMMENT	SIGNATURE
1	Zero Ledger Balance		
2	Evidence of no pending litigation not disclosed to the Association		
3	Evidence of Clearance from enquiries and queries from the Secretariat and its Committees		
4	Evidence of co-operation with Quality Assurance Review Team.		
5	Copy of SCUML registration		
6	Copy of Continuity Agreement		
7	Copy of Indemnity Insurance		
8	Copy of FRC Registration for Firm & Individual		
9	Copy of Practising Certificate and Licence		

RECOMMENDATION OF THE DIRECTOR TECHICAL & STANDARDS DEPARTMENT

Director's signature: _____ Date: _____

DETAILS OF APPROVAL

Date of Approval: _____

Chief Executive Officer's Signature: _____ Date: _____