



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: .....  
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Firm's Website: .....

Firm's Email : .....

Firm's 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:(If available).....

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:(If available).....

A Name of other Partners:.....  
Membership Number:..... Practising Certificate Number:.....  
  
Email:.....  
  
Phone Number(s):.....  
  
Financial Reporting Council Number:(If available).....

B Name of other Partners:.....  
Membership Number:..... Practising Certificate Number:.....  
  
Email:.....  
  
Phone Number(s):.....  
  
Financial Reporting Council Number:(If available).....

C Name of other Partners:.....  
Membership Number:..... Practising Certificate Number:.....  
  
Email:.....  
  
Phone Number (s):.....  
  
Financial Reporting Council Number:(If available).....  
(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.

Continuity Firm: .....

principal partner:.....

Address:.....

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:.....

Membership Number:.....Sign.....Date.....

**6. AFFIRMATIONS (FOR OFFICE USE ONLY)**

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

**6. RECOMMENDATION BY THE DIRECTOR, TECHNICAL & STANDARDS DEPARTMENT:**

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