



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

1. Practising Licence Number: _____

2. Name of Firm: _____

3. FRC number for the Firm (If available): _____

4. Name of Principal Partner: _____

5. Membership Number: _____

6. Telephone No: _____

7. Email Address: _____

8. Principal Partner's FRC Number (If available): _____

9. 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"/> |

10. Date of 1st Issue: _____ Date of Previous Renewals: _____

Name of other Partners: _____

Membership Number: _____ Practising Certificate Number: _____

Email: _____

Phone Number (s): _____

Financial Reporting Council Number (if available): _____

Name of other Partners: _____

Membership Number: _____ Practising Certificate Number: _____

Email: _____

Phone Number (s): _____

Financial Reporting Council Number (if available): _____

11. Head Office Address: _____

E-mail: _____

Tel. No.: _____

(b) Branch Offices (If any)

(i) Address: _____

E-mail: _____

Tel. No.: _____

(ii) Address: _____

E-mail: _____

Tel. No.: _____

12. 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 Practicing license.

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

I/We confirm that all inquiries/ 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 Managing Partner)

I confirm that all the information provided above are true:

Name: _____

Signature: _____ Date: _____

10. AFFIRMATIONS/ATTACHMENTS

		COMMENT	SIGNATURE
1	Zero Ledger Balance		
2	Evidence of payment for practicing licence renewal		
3	Application letter for renewal with the firm's letter headed		
4	Attestation letter of no pending/likelihood of litigation/arbitration from your practice and query(ies) from the Secretariat		
5	Copy of SCUML Registration		
6	Copy of Continuity Agreement with another firm		
7	Copy of Indemnity Insurance		
8	Copy of FRC Registration for Firm & Individual (If available)		

RECOMMENDATION OF THE DIRECTOR,^s TECHNICAL & STANDARDS DEPARTMENT

Director's signature: _____ Date: _____

DETAILS OF APPROVAL

Date of Approval: _____

Chief Executive Officer's Signature: _____ Date: _____