



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

1. Practicing License Number: _____ 2. Membership No. _____

3. Name of Firm: _____

4. FRC number of the Firm (If available): _____

5. Name of Principal Partner: _____

6. Telephone No: _____

7. Email Address: _____

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

10. 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"/> |

11. Date of Last renewal: _____

Name of other Partners:

Membership Number: Practising Certificate Number:

Email: Phone Number (s):

Financial Reporting Council Number (if available):

(ATTACH LIST OF OTHER PARTNERS OR SUPPORTING DOCUMENTS WHERE NECESSARY)

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: _____

15. AFFIRMATIONS/ATTACHMENTS

		COMMENT	SIGNATURE
1	Zero Ledger Balance		
2	Evidence of payment for practicing license 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	SCML Registration		
6	Continuity Agreement with another firm		
7	Evidence of Indemnity Insurance		
8	FRC Registration for Firm & Individual (If available)		

RECOMMENDATION OF THE DIRECTOR TECHNICAL & STANDARDS DEPARTMENT

Director's signature: _____ Date: _____

Chief Executive Officer's Signature: _____ Date: _____

President's Signature: _____ Date: _____