
INSTITUTE OF CHARTERED ACCOUNTANTS OF NIGERIA

Plot 16, Idowu Taylor Street, Victoria Island, Lagos.

*(Established by Act of Parliament No. 15 of 1965)
(Cap 111 Laws of the Federation 2004)*

FORM FOR REGISTRATION OF PRACTICE FIRM

A. Firm Details

Name of firm:

CAC No.....Date of Registration.....Logo.....Acronym.....

Registered Office Address

.....Town: _____ State: _____

Registered Principal office

.....Town: _____ State: _____

No of Branches *if any): Please give address of each of the branches, town and State:

Email Address.....Website.....

Office Phone No(s):

Firm's Core Business Sector: (Public Sector or Organised Large Private Sector or SME Sector or Micro and Informal Sector).....

Firm's Business Concentration Area (e.g. Lagos, Abuja, Port Harcourt, Kano, Abia, etc)

Firm's Services Percent of its Business: 1. Accounting%; 2. Audit% 3. Taxation%; Others%

Firm's Franchise/Affiliation/Association (Local).....

(Foreign).....

Number of Partners: Local Partners..... Foreign Partners.....

B (i) Partner(s) Details

S/no	Name of Partner(s) Surname first	MB -No.	STATUS	Practice Licence No	Date of Issue	Expiring Date
1.						
2.						
3.						
4.						
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19.						
20.						

B (ii) Partners Details (contd.)

S/no	Membership No	Licence No.	Mobile Phone No (s)	Email Address
1.				
2.				
3.				
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C. Practice Review Information (For Existing Firms Only)

(i) Does the Firm have in place a Peer Review Arrangement? YES/NO
If YES, Which Firm did the last Review and when.....

(ii) Has the firm been reviewed by ICAN team of reviewers? YES/NO
If YES, When?

(iii) Has the firm been involved in any litigation or ever reported or appeared before ICAN Investigating Panel? YES/NO
If YES, When?
What was the outcome?

- (iv) Was there any merger : Yes / No
- (v) Was there any demerger: Yes/ No
- (vi) Was there any change of name : Yes / No
- (vii) Was/Is any Partner of the Firm holding Political Appointment: Yes/No. If yes, give details
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D. CONDITIONS FOR REGISTRATION OF FIRM

In signing this section of the form, I confirm that:

- a The firm will submit itself for practice monitoring or peer review mechanism of the Institute and will supply all such information as is necessary to enable the Institute complete its monitoring and quality assurance programme.
- B That the partner(s) is/are a member(s) of the institute and has/have obtained ICAN practicing Licence
- c I/We am/are aware that this Registration is renewable every 3 years
- d A member cannot be a Permanent Partner in more than one (1) registered Audit Firm but can be Associate Partner on MOU Basis

For:{Name of the Firm}

Name(s) of one or two Authorised Signatory/Signatories:

_____	_____	_____
Name	Signature	Date
_____	_____	_____
Name	Signature	Date