APPLICATION FOR A LICENCE TO PRACTISE

REQUIREMENTS FOR THE ISSUANCE OF NEW LICENCE TO PRACTISE

- Individual members should be issued with Licences to Practise.
- The promoter or sponsor or principal of the firm must be a professionally qualified member of the Institute.
- The promoter must submit the proposed firm’s name to ICAN for clearance or validation. Promoter(s) should have done reservation with CAC before approaching ICAN with the name.
- ICAN should respond within two weeks of the date of receipt of the application.
- Each partner (in the case of partnership) must hold a Licence to Practise.
- The promoter(s) must be member(s) of a District Society of ICAN.
- In the case of Partnership, the firm must have an executed partnership agreement.
- In the case of Sole Practitioner Firm, the promoter must ensure that an arrangement is put in place to ensure continuity of the practice in case of an eventuality. Also, Sole Practitioners are to employ qualified accountants after a maximum period of five years of practice.
- The member must pay the appropriate licensing fees. The fees are however subject to review from time to time by the Institute.
- A member should not be a partner in more than one firm.
- The firm must have satisfied any other condition(s) that might be stipulated by the Institute from time to time.
APPLICATION FOR A LICENCE TO PRACTISE

PERSONAL INFORMATION

Full name: _____________________________________________ Title: _________________

Membership number: ______________________ ACA/FCA: ______ Phone No: _________________

GSM No: _______________________________ Email: _________________________________

Mailing address: ________________________________________________

_____________________________________________________________

Town: ___________________________ State: __________________ Country: _________________

PRACTISING DETAILS

A. Proposed name of firm:

Option A: ____________________________________________________________________________

Option B: ____________________________________________________________________________

B. Date you intend to commence practising:

_____________________________________________________________

C. I/We intend to practise (tick as appropriate)

_____ as a sole practitioner   _____ as a partner (in a partnership)

D. Partners (If you intend to practise in a partnership, please enter the names of all other partners with their designatory letters.)
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E (i) Head office address:

________________________________________________________________________

Town: __________________________ State: __________________________ Country: __________________

GSM: __________________________ E-mail: __________________________

Website: __________________________

E(ii) Address of any other branch offices:

________________________________________________________________________

1. Town: __________________________ State: __________________________ Country: __________________

GSM: __________________________

________________________________________________________________________

2. Town: __________________________ State: __________________________ Country: __________________

GSM: __________________________
.3. Town: __________________________ State: ______________ Country: ______________
GSM: ______________________________________

.4. Town: __________________________ State: ______________ Country: ______________
GSM: ______________________________________

.5. Town: __________________________ State: ______________ Country: ______________
GSM: ______________________________________

.6. Town: __________________________ State: ______________ Country: ______________
GSM: ______________________________________

Please continue on a separate sheet if necessary

REGULATORY ACTION

Have you (or your firm or any of its partners ever been subject to any regulatory action in respect of audit, investment business and/or insolvency by a regulatory body?**

_______Yes    ________No

** You must tick ‘Yes’ if you (or your firm or any of its partners/responsible individuals) have any pending regulatory matter(s) under investigation by a regulatory body.

If YES, please provide details on a separate sheet and attach it to this form.

Are you aware of any other regulatory matter(s) which may impact on your application? ________Yes

_________No

If YES, please provide details on a separate sheet and attach it to this form.

CONDITIONS FOR ISSUANCE OF A PRACTISING LICENCE

In signing this section of the form I / we confirm that:

A. The proposed name must be acceptable to the Institute

B. I am/We are fit and proper person(s)

C. Professional indemnity insurance: I / we have professional indemnity insurance as required by ICAN and will renew it on terms stipulated by the Institute. Details of the name of the insurer and the policy number are provided in the appropriate part of the form;

D. Maintenance of competence: I / we will comply with the Mandatory continuing Professional Education (MCPE) programme of ICAN
E. **Continuity of practice:** I / we have made arrangements for the continuity of my practice in the event of my death or incapacity. Details of the continuity arrangements are provided in the appropriate part of the form;

F. **Notification:** I / we undertake to notify ICAN immediately in the event of any information previously supplied to it in support of my application ceasing to be true, accurate or complete, or in the event of any change in circumstances, or any event which may call into doubt the validity of my application, or the continuation of any licence granted;

G. **Monitoring, quality assurance and compliance:** I / we confirm that I / we am aware of the requirement of Professional Practice Monitoring of ICAN and will supply all such information as is necessary to enable the Institute complete its monitoring and quality assurance programme efficiently.

H. **Minimum infrastructure requirements:** I / we confirm that we have the minimum infrastructure requirements as stipulated by the Institute for setting up a firm

I. **Registration with CAC:** I / we confirm that I / we have registered my / our firm with the Corporate Affairs Commission (CAC) and that the certified true copy of the registration shall be forwarded to the Institute

**PROFESSIONAL INDEMNITY INSURANCE**

I / we detail below the name of my / our insurer and policy number. I / we enclose a quotation document as evidence that I / we have applied for a policy and undertake to provide details of my / our policy number to ICAN once it has been confirmed.

Insurance company: _____________________________________________________________

Policy number: _______________________________________________________________

**CONTINUITY OF PRACTICE**

**Continuity of practice - Partnership**

We have made arrangements for the continuity of our practice in the event of my death or incapacity ________ in the partnership agreement (if a partnership)

OR

**Continuity of practice – Sole Practitioner**

I have made arrangements for the continuity of my practice in the event of my death or incapacity ________ with the following firm of qualified Chartered Accountants licensed by ICAN (if a Sole Practitioner).

Name of firm: ________________________________________________________________

Address: _______________________________________________________________________________

Town: ___________________________ State: ________________________________
TRAINING WHOLLY OBTAINED WITHIN AN ICAN LICENSED FIRM:

I confirm that I have completed 36 months of continuous practical training in an ICAN licensed firm.

Name of Firm: ____________________________________________________________

Address of Firm: __________________________________________________________

________________________________________________________________________

Period of Training: From ____________________ To: ____________________

SUMMARY OF EMPLOYMENT, EXPERIENCE RECORD AND AREA OF SPECIALISATION

Please outline below your complete employment history since you started working, commencing with your current or most recent employer. (Please use additional sheets if necessary.)

1 Name and address of employer: ____________________________________________

Nature of employer’s business: ______________________________________________

Job title: ______________________ Dates (from): ________________ (to): __________

Areas of responsibility: ____________________________________________________

________________________________________________________________________

2 Name and address of employer: ____________________________________________

Nature of employer’s business: ______________________________________________

Job title: ______________________ Dates (from): ________________ (to): __________

Areas of responsibility: ____________________________________________________

________________________________________________________________________

3 Name and address of employer: ____________________________________________

Nature of employer’s business: ______________________________________________

Job title: ______________________ Dates (from): ________________ (to): __________

Areas of responsibility: ____________________________________________________

________________________________________________________________________

4 Name and address of employer: ____________________________________________

Nature of employer’s business: ______________________________________________

Job title: ______________________ Dates (from): ________________ (to): __________

Areas of responsibility: ____________________________________________________

________________________________________________________________________
5 Name and address of employer: _____________________________________________

_____________________________________________________________

Nature of employer's business:__________________________________________________________________________________

Job title: ___________________________ Dates (from): __________ (to):_____________________

Areas of responsibility: _____________________________________________________________

Please continue on a separate sheet if necessary

EXPERIENCE RECORD
Please outline below how your experience has prepared you for self-employment, providing public practice services directly to the public.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

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Please continue on a separate sheet if necessary

AREA OF SPECIALISATION
Please describe your proposed area(s) of work for which a Licence to Practise. Your area(s) of work must be supported by the experience you have obtained to date, as detailed overleaf.

CONFIRMATION OF APPLICANT
I confirm that the information given in this form is true, accurate and complete to the best of my knowledge and belief. I understand that a false declaration on this form may lead to disciplinary action being taken against me and/or may invalidate any decision related to this application. I confirm that I have read, and undertake to comply with the conditions for the issue of licence to practise and that there are no regulatory, disciplinary or any other matters that may call into doubt the validity of my application, which I should draw to ICAN’s attention. I am aware of, and will abide by, my continuing obligation to draw any such matters to ICAN’s attention.

Signature: ______________________________ Date: ____________________________
CONFIRMATION OF MANAGING PARTNER

I confirm that the information given in this form is true, accurate and complete to the best of my knowledge and belief after making all reasonable enquiries.

Contact managing Partner's signature: _____________________________ Date: ____________________