



THE INSTITUTE OF CHARTERED ACCOUNTANTS OF NIGERIA

(Established by Act of Parliament No 16 of 1965)

APPLICATION FORM FOR REGISTRATION OF ATTACHMENT TO SATISFY THE THIRTY-SIX MONTHS RULE TO QUALIFY FOR LICENCE TO PRACTISE

A. MEMBER'S DETAILS (Complete in capital letters)

1. Surname: _____ Other Names: _____
2. Membership No: MB0 _____ Date of Admission: dd/mm/yyyy _____
3. Contact Address: _____
4. GSM/Tel: _____ E-mail: _____

B. DETAILS OF ATTACHMENT

S/NO	NAME OF FIRM	MANAGING PARTNER(S)	ADDRESS OF FIRM/PHONE No	PERIOD

C. PREVIOUS ATTACHMENT (IF ANY)

S/NO	NAME OF FIRM	MANAGING PARTNER(S)	ADDRESS OF FIRM/PHONE No	PERIOD

I hereby declare that the information supplied above is to the best of my knowledge correct and I agree to abide by any restrictions, which the Council may impose on my attachment under the provision of Section 15(2)(d) of The Institute of Chartered Accountants Act of parliament No 15 of 1965

Date: _____ Signature: _____

COMPLETED FORM SHOULD REACH THE INSTITUTE WITHIN SIX(6) MONTHS OF COMMENCEMENT OF ATTACHMENT AND ENSURE YOU ATTACH EMPLOYMENT LETTER/EVIDENCE OF PAYMENT OF APPLICATION FEE

D. DECLARATION BY PRINCIPAL

I _____ hereby confirm that Mr./Mrs./Miss _____ has applied for attachment in our firm on a full-time basis to enable him/her satisfy the thirty-six months rule of the Institute of Chartered Accountants of Nigeria and thereby qualify for the Institute's Licence to Practise.

I confirm that:

(a) I am a holder of the Institute's Licence to Practise and that I am engaged in full- time professional practice in the name of _____

(b) Mr/Mrs/Miss _____ has been employed full-time in my firm with effect from _____

(c) Mr/Mrs/Miss _____ will be effectively supervised personally by me throughout the period of his/her employment in my firm and he/she will be given assignments which satisfy practical training requirements of the Institute.

Signature/Date

FEE: ₦5,000