



# CORPORATE AFFAIRS COMMISSION

CAC/ACR/1

(Established Under the Companies and Allied Matters Act 1, 1990)  
Plot 420, TIGRIS CRESCENT, OFF AGUIYI IRONSI STREET, MAITAMA, ABUJA.

## APPLICATION FOR ACCREDITATION

*(For use by Firms/Individuals)*

No. \_\_\_\_\_

1. Name of the firm/individual: \_\_\_\_\_

2. Nature of the business: \_\_\_\_\_

3. Principal place of business: \_\_\_\_\_

4. Branches (addresses, not P.O. Box)

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

5. Full names, enrolment number and signature of each partner (in the case of partnership)

(i) \_\_\_\_\_ (ii) \_\_\_\_\_

(iii) \_\_\_\_\_ (iv) \_\_\_\_\_

6. Names and Signature of representatives:

(i) \_\_\_\_\_ (ii) \_\_\_\_\_

(iii) \_\_\_\_\_ (iv) \_\_\_\_\_

7. Evidence of eligibility to practice for the year

\_\_\_\_\_

We hereby certify that the foregoing particulars are to the best of my/our knowledge, information and belief, correct and I/we undertake to notify the Registrar-General whenever any change is made or occurs in any of them.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Principal Partner)

\_\_\_\_\_  
(Name of Principal Partner)

\*Evidence of eligibility to practice should include current practicing/membership fee receipt, etc.