



CORPORATE AFFAIRS COMMISSION CAC/ACR/1

(Established Under the Companies and Allied Matters Act, 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)
 - a) (i) _____
 - (ii) _____
 - (iii) _____
 - b) Telephone: _____ Email 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

I/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.

8. Indicate State Office for collection of card: _____

Dated at _____ this _____ day of _____ 20 _____

(Signature of Principal Partner)