

**APPLICATION FOR ADDITIONAL PRACTICE [E-1]  
(Directive 4.28)**

**PERSONAL DETAILS**

|   |                  |  |  |
|---|------------------|--|--|
| Member's Name:<br>(As per ICAP records)   | -----            |  |  |
| CNIC Number:  | -----            | Membership<br>Number                                   | -----  |
| Residential Address:  |                  |  |  |
| <b>Cell number</b>  | <b>Land Line</b> |  |  |
| Existing Firm Details   |                  |  |  |
| <b>Proposed Practice Details</b>  |                  |  |  |
| Practice as:<br>Please Tick   | Sole Proprietor  | Partnership Firm<br>(with ICAP members<br>in Pakistan) | Foreign Firm (practice as partner<br>with non-members outside<br>Pakistan) |
| Trade Name  |                  |  |  |
| Registered Address  |                  |  |  |
| Cell Number   |                  | Land line  |  |
| Email address   |                  |  |  |
| <b>In case of Practicing with a Foreign Firm outside Pakistan as partner ( with nonmembers) *</b> |                  |  |  |
| Trade Name (name is not required to be in accordance with Directive 4.06)                         |                  |  |  |
| Registered Address  |                  |  |  |
| Cell Number   |                  | Land line  |  |
| Email address   |                  |  |  |

**\* In case of ICAP members opting to practice outside Pakistan with a foreign Firm (having non - members as partners), ICAP will grant the CoP to the Member in accordance with the CA Ordinance 1961. However, the firm will not be part of ICAP records but Member will be listed as Practicing member with a foreign firm.**

**Note – City of residence should be same as the location of office (Directive 4.02)**

Declaration

I declare to the best of my knowledge, that all the information I have given in this Form is correct and ICAP has the unfettered right to verify and/or confirm the authenticity and accuracy of any and all information provided by me

Signature \_\_\_\_\_ Place: \_\_\_\_\_ Date: \_\_\_\_\_

Please Attach:

- Payment Receipt
- Copy of CNIC of applicant
- In case of Partnership, submit, Partnership Deed Form 'C'