THE INSTITUTE OF CHARTERED ACCOUNTANTS OF PAKISTAN

APPLICATION FOR PERMISSION TO PRACTICE AS MANAGEMENT CONSULTANCY

The Secretary
The Institute of Chartered Accountants of Pakistan
Charted Accountants Avenue. Clifton
Karachi - 75600

PRACTICE AS MANAGEMENT CONSULTANT

Dear Sir			
*I/W	Ve have been practising a	s Charactered Accountant(s) under the name & style as its sole proprietor/partner. *I/We intend to practice	
	•	also. *My/our particulars are as under and *I/We intend A. Ordinance,1961, Bye-laws framed thereunder and	
the d	lirectives of the Council in	this regard:	
i)	Member (S) Name (S):		
ii)	Registration No. (S):		
iii)	Proposed Name Of Management Consultanc * Firm/Company:	y CTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	
iv)	Registered Address of the *Firm/Company:		
v)	Branches & their Addresses showing Name(s) of Practising Member Incharge(s):		
vi)	Telephone No:		
vii)	Fax No:		
viii)	E.Mail Address:		

,		
ix)	Status of the Firm:	Sole Proprietor/Partnership/Company:
x)	If Partnership/Company, Names of the Partners/ Directors with their Addresses:	
Cha	rtered Accountants Ordin	de by the requirements of Part-2 of Schedule I and I nance 1961 (X of 1961). *I/We also enclose draft Association of the Proposed company.
	e also undertake to furnish hartered Accountants of Pa	h sub-information as may be required by the Institute kistan.
Your	s faithfully,	
	SIGNATURE	_
*Solo	e Proprietor/Partner/Direct	or •
*Part	mer/Director	_
*Part	ner/Director	
*Part	ner/Director	_

*Srike our what is not applicable