

**THE NATIONAL BOARD OF ACCOUNTANTS AND AUDITORS**

**EMPLOYER RECOMMENDATIONS FOR REQUEST OF PRACTICING  
CERTIFICATE**

Give reasons why the applicant should be issued with a certificate of practice:

.....  
.....  
.....  
.....  
.....  
.....  
.....

Name of the person completing this form:

.....

Position /Title:

.....

*(This form MUST be filled by the employer)*

Firm name: .....

Address: .....

Phone: ..... Email: .....

Signature: ..... Date: .....

NB:

- *Temporary members MUST attach updated employment contract.*
- *This form must have an official stamp of the firm/employer.*