ORDRE DES COMPTABLES PROFESSIONNELS AGRÉÉS DU QUÉBEC

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www.cpaquebec.ca

Request for information regarding the admission of a CPA from another Canadian province or territory or Bermuda

Part 1 Member authorization

I (first and last name), _____,

born on (date of birth) YYYY MM DD hereby authorize (name of professional CPA organization in another province/territory or Bermuda)

_____ to share information regarding

my application for admission to the Quebec CPA Order, including the existence of any investigations or proceedings underway.

_____ YYYY MM DD

Signature **(compulsory)** Date

Part 2 Information to be provided by the professional CPA organization

Member's full name as on file: _____

Member No. (CPA Canada) C _____

Permit and title

Date permit obtained ☐ CA ☐ CGA ☐ CMA, if applicable: YYYY MM DD

Date CPA permit obtained: YYYY MM DD

Fellow title: ☐ Yes Date obtained: YYYY MM DD

☐ No

Member in good standing ..... ☐ Yes ☐ No

If you answered "no," please explain why (e.g. not a member, restricted or suspended right to practise).

Public accountancy permit or licence holder:

☐ Yes Date obtained: YYYY MM DD Expiry date (if applicable): YYYY MM DD

☐ No

Authorized to carry out audit engagements ..... ☐ Yes ☐ No

Authorized to carry out review engagements ..... ☐ Yes ☐ No

Dues

Dues paid for the current year:

☐ Yes Paid up to YYYY MM DD

Including: ❑ CPA Canada fees ❑ Resident fees ❑ Non-resident fees

☐ No

Judicial or disciplinary decisions or proceedings

Is the member the subject of an investigation or a disciplinary complaint, or is the member the subject or has been the subject of a disciplinary decision? ..... ☐ Yes ☐ No

To your knowledge, has this member been convicted of a criminal offence, an offence of illegal practice or usurpation of title, or under tax or securities legislation or proceeds of crime (money laundering) and terrorist financing legislation? ..... ☐ Yes ☐ No

▸ **If you answered "yes," to one of these two questions**, please explain the situation in sufficient detail and attach additional appendices if necessary.

Other comments

Name of authorized individual (on behalf of the professional CPA organization)

Signature **(compulsory)** Date YYYY MM DD

Please email this duly completed and signed form to tableauCPA@cpaquebec.ca