

CHARTERED ACCOUNTANTS OF MANITOBA

APPLICATION FOR PERMIT TO PRACTICE PUBLIC ACCOUNTING

OWNERSHIP INFORMATION:

Please list all members (CAs) who have an ownership interest in the practice.

Name	Type of Owner (partner, proprietor, shareholder)	Location where practicing (see Note1)

Please list any non-member owners of the practice.

Name	Type of Owner (partner, proprietor, shareholder)	Location where practicing (if applicable)

INFORMATION ABOUT THE PRACTICE:

Practice Name: _____

If incorporated, date of incorporation: _____

Public Accounting Practice Type (check \surd one):

Full-time Part-time For partnership/association with a currently registered practising firm

None of the above, I am registering solely for the purpose of receiving retirement income for tax purposes

Effective date of practice: _____

Office locations:

Name of Member in Charge	Office Address, Telephone, Facsimile, e-mail

Note 1: Firms with multiple office locations may either complete one application for all office locations or complete separate applications for each office location.

Please list the name of employees/contract employees/ associates/ students and the nature of their association with the practice.

Name	Nature of Association with Practice	Location where practicing

Please provide the names of the directors and officers of the corporation, if applicable:

Name	Position Held

DECLARATION:

I understand that it is my responsibility to comply with the provisions of The Chartered Accountants Act and the Bylaws and Rules of Professional Conduct of the Institute with respect to the legal structure, organization and conduct of the practice of public accounting and related functions of the above professional practice. I also understand that if the above practice is incorporated that it is my responsibility to ensure that it complies with the provisions of The Corporations Act.

I certify, to the best of my knowledge and belief, that the above information is correct and true and that the legal structure, organization and conduct of the above professional practice complies with provisions of The Chartered Accountants Act, The Corporations Act (as applicable) and the Bylaws and Rules of Professional Conduct of the Institute of Chartered Accountants of Manitoba.

Signature

Date

Name (please print)

Position or Office Held

SUBMIT TO: The Institute of Chartered Accountants of Manitoba
 BY MAIL: 700 One Lombard Place, Winnipeg MB R3B 0X3
 BY FACSIMILE: (204) 943-7119
 WITH: Permit Fee of \$26.25, gst included (#1080 4799 RT) Cheque, Mastercard Visa Accepted

Cheque Mastercard Visa Card No. _____

Signature _____ Expiry Date _____