



**CONFIRMATION OF ELIGIBILITY TO PRACTICE AS A LIMITED LIABILITY PARTNERSHIP**

**Name of LLP (Full Name and Address):**

**Name(s) of Partner(s):**

**Name of Managing Partner:**

**Professional Liability Insurance Information:**

**Name of Insurance Provider:**

**Amount of Coverage:**

**Expiry date of current policy:**

I certify that the above-noted insurance policy meets the requirements of the mandatory professional insurance liability bylaws of the Institute of Chartered Accountants of Manitoba and that the policy provides coverage in respect of all of the above-named members.

I understand that the above information will be used by the Institute to confirm to the Companies Office of Manitoba Consumer and Corporate Affairs that the above-named members are members of the Institute, in good standing and that the members of the partnership maintain professional liability insurance in accordance with the bylaws of the Institute.

I certify that the above information is correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Managing Partner

\_\_\_\_\_  
Date of Signature

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**FOR INSTITUTE USE:**

The Institute of Chartered Accountants of Manitoba confirms that the above-named chartered accountants are registered as members in good standing of the Institute and hence meet all the applicable eligibility requirements for practice as a limited liability partnership imposed by *The Chartered Accountants Act*, and that the members have declared that the partnership maintains professional liability in accordance with the bylaws of the Institute.

\_\_\_\_\_  
Signature of Chief Executive Officer

\_\_\_\_\_  
Date of Approval