

Request to surrender a public accountancy permit

Part 1 Personal information

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|------------------|------------------|-------------|-------------------------------|-----------|--|------------|--|
| First name | | | | Last name | | | |
| Mailing address | | | | | | Apt./Suite | |
| City | Province | Postal code | Country | | | | |
| Telephone (home) | Telephone (work) | Ext. | Contact email | | | | |
| CPA member No. | | | Public accountancy permit No. | LA | | | |

Part 2 Declaration

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I, the undersigned, hereby surrender my public accountancy permit for the following reasons:

I understand that as a result of surrendering this permit:

- a) I will no longer be authorized to provide assurance services, which include performing audit and review engagements and preparing special reports.
- b) I will no longer be authorized to use the auditor designation.

I understand that should I wish to obtain a new public accountancy permit, I must submit a formal application for a public accountancy permit, pay the required fees and satisfy the conditions under the *CPA Act* and the regulation respecting the public accountancy permit applicable at that time.

Part 3 Signature

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I hereby attest that I have read and understood the implications of this request to surrender my public accountancy permit.

Signature _____ Date

Please return this duly completed and signed form by one of the following methods:

- ▶ By mail at:
Ordre des comptables professionnels agréés du Québec
5, Place Ville Marie, bureau 800, Montréal (Québec) H3B 2G2
- ▶ By email at: tableaucpa@cpaquebec.ca
- ▶ By fax at: 514 843.8375

For internal use only

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|--|------|-----------------------------------|---------------------------------|---------------------------------|-----|-------|
| Réception de la demande de renonciation | Date | <input type="text" value="AAAA"/> | <input type="text" value="MM"/> | <input type="text" value="JJ"/> | Par | _____ |
| Traitement de la demande de renonciation | Date | <input type="text" value="AAAA"/> | <input type="text" value="MM"/> | <input type="text" value="JJ"/> | Par | _____ |