

Resignation of a member of the Order

Part 1 Personal Information

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First name Last name

Home address Apt.

City Province Postal code Country

Telephone (home or cell) - Telephone (work) - Ext. Email

CPA member No. Permit No.

Part 2 Declaration

I, the undersigned, wish to be removed from the roll of the Order for the following reasons:

I request that my resignation take effect:

as of the **date of receipt of this form by the Order** **or** as of **March 31 of the current year**

Should I wish my resignation to take effect only as of March 31 of the current year, I understand that I am still subject to my obligations as a CPA, including those relating to compulsory continuing education and professional liability insurance, until my resignation comes into effect, and as such will continue to receive notices concerning my obligations.

I also understand that I will not receive any reminder regarding the annual mandatory declaration and annual dues, and that I will have to pay the late fees required of members who fail to meet these obligations within the prescribed deadline should I decide, before March 31, to no longer resign.

I understand that the consequences of my resignation are as follows:

- ▶ loss of the CPA designation and the legacy designation, if applicable;
- ▶ loss of the title of Fellow, if applicable;
- ▶ loss of the title of auditor, if applicable;
- ▶ suspension of the public accountancy permit, if applicable;
- ▶ loss of the limited public accountancy permit issued under section 65 of the *Chartered Professional Accountants Act*, if applicable;
- ▶ prohibition on practicing public accountancy;
- ▶ prohibition on identifying yourself as a chartered professional accountant and using the CPA initials (including in telephone directories, on websites, social media, business cards and stationery);
- ▶ requirement to immediately transfer your assurance and compilation files to another member or to the Order, if applicable;
- ▶ loss of the benefits obtained as a CPA under agreements entered into by the Order on behalf of its members (short-term disability insurance, prescription drug insurance, etc.)

Part 2 Declaration (suite)

I understand that once my resignation takes effect, I will no longer be permitted to perform any act that is the exclusive preserve of the profession and to use the designation or to present myself in any way as a Chartered Professional Accountant or to use the CPA initials, and that I will be subject to penal proceedings for illegal practice or unauthorized use of the designation if I continue to hold myself out or present myself as a CPA, or perform public accountancy acts.

I understand that should I wish to be reinstated as a Chartered Professional Accountant, I will have to submit an application for reinstatement and satisfy the conditions for reinstatement including the payment of the required fees.

Part 3 Signature

I hereby attest that I have read and understood the implications of this resignation and my removal from the roll of the Order.

Signature (**compulsory**)

_____| ____| ____|
Date

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

- ▶ By mail:
Ordre des CPA du Québec
5, Place Ville Marie, bureau 800, Montréal (Québec) H3B 2G2
- ▶ By email: tableaucpa@cpaquebec.ca
- ▶ By fax: 514 843-8375

Espace réservé à l'Ordre

Réception de la demande de démission Date ____| ____| ____| Par _____

Modification au tableau de l'Ordre Date ____| ____| ____| Par _____