

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.

Signature (compulsory) Date [YYYY] [MM] [DD]

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

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**)

YYYY

MM

DD

Date

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