Ordre des comptables agréés du Québec
680, rue Sherbrooke Ouest, 18e étage Montréal (Québec) H3A 2S3
Tél. : 514 288.3256 Téléc. : 514 843.8375 Numéro sans frais : 1 800 363.4688
www.ocaq.qc.ca

APPLICATION FOR REINSTATEMENT

IDENTIFICATION

NAME (please print)

FIRST NAME (in full) PERMIT NUMBER CLIENT NUMBER

ALL GIVEN NAMES (according to your birth certificate)

RESIDENCE (No., Street, Apt.)

CITY PROVINCE POSTAL CODE

AREA CODE TELEPHONE (RESIDENCE) AREA CODE TELEPHONE (OFFICE)

Date of birth :

Correspondence : ☐ English ☐ French ☐ Home ☐ Employer ☐ No correspondence

FOR OFFICE USE ONLY

RETRAIT DU TABLEAU

ANNÉE

RAISON
Démission ☐
Non-paiement de la cotisation ☐
Expiration d'un permis temporaire ☐
Cas disciplinaire ☐
Assurance responsabilité ☐

EMPLOYER (Please print) **FOR OFFICE USE ONLY** Numéro de l'employeur

Firm name:

Address : (No, Street, Suite)

City Province Postal Code

Telephone : ( ) - Direct line : ( ) - Fax : ( ) -

RECOMMENDATIONS

We, the undersigned members of the Ordre, recommend the applicant as being of good moral character and habits and worthy of admission to the Ordre.

(Name in block letters) (Signature) CA Permit number

(Name in block letters) (Signature) CA Permit number

(Name in block letters) (Signature) CA Permit number

SIGNATURE

- I, the undersigned, hereby apply for reinstatement on the Roll of members of the Ordre. I agree to abide by and conform to the *Chartered Accountants Act*, the *Professional Code*, the *Code of Ethics* of the Ordre and all rules and regulations duly approved by the Bureau of the Ordre.
- I am: ☐ a member in good standing of: (Provincial Institute) since year month
  (Attach proof of your membership)
- **MANDATORY** - In accordance with Section 59.3 of the *Professional Code*
  I have been found guilty of a criminal offence (answer no if you were granted a pardon) Yes ☐ No ☐
  If so, name the province or country (attach a copy of the indictment and court decision).
  I have been brought before a professional corporation on a disciplinary charge. Yes ☐ No ☐
  If so, name the corporation the province or country (attach a copy of the complaint and disciplinary decision)
- I hereby declare : ☐ That I have never made an assignment of my property and that I have never been subject to a receiving order within the meaning of the *Bankruptcy Act*.
  ☐ That I have made an assignment of my property and I have been subject to a receiving order within the meaning of the *Bankruptcy Act*
  (attach proof of order of discharge)
- I authorize the Ordre to disclose to the CICA and the Ordre's regional committees the names and addresses I have submitted :
  a) only for purposes of receiving their offers of goods and services and on the condition that none of this information be passed on to a third party. Yes ☐ No ☐
  b) for publication in the CICA Directory. Yes ☐ No ☐
  (If you do not answer questions a and b, it will be assumed that authorization has been given)
- I understand that the Ordre will use the above-mentioned personal information for administration purposes and that all information will be treated confidentially.

Signed: Date:

FOR OFFICE USE ONLY

Date de paiement
année mois jour

DROITS DE RÉINTÉGRATION	COTISATION IMPAYÉE DE L'ANNÉE DE LA RADIATION	COTISATION DE L'ANNÉE EN COURS	**TOTAL** (incluant taxes)
▲	▲	▲	▲

Approuvé par le Bureau:

Signature du contrôleur

Comité régional

Comité électoral

REG 21.4-03.96