

Declaration of Designated Accounting Body – DOCUMENT B

IMPORTANT

To be completed as part of an application for registration as a Candidate for the practice of the profession under a reciprocity agreement (CPPRA) of the Ordre des comptables agréés du Québec.

PART I – TO BE COMPLETED BY APPLICANT

MRS. MR.

LAST NAME: _____ USUAL FIRST NAME: _____

PERMANENT ADDRESS:

No.: _____ Street Avenue Blvd. Road _____ Apt.: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____

I hereby request and authorize the designated accounting body to provide all the information requested in this form and to sign and return it duly completed to the Ordre des comptables agréés du Québec.

X

SIGNATURE OF APPLICANT

DATE

PART II – TO BE COMPLETED BY A REPRESENTATIVE OF THE DESIGNATED ACCOUNTING BODY AND RETURNED TO THE ORDRE DES COMPTABLES AGRÉÉS DU QUÉBEC

The applicant is a member in good standing of: _____
name of designated accounting body

established in the following country or jurisdiction: _____

This applicant has passed the entrance examination(s) of our organization on _____

while being a resident of our country or jurisdiction during preparation and the course of said examination(s).

YES NO

This applicant is currently entitled to use the designation _____
CA/CPA/Expert-comptable or other to be specified

I confirm that the applicant has _____ years of public practice or equivalent accounting experience in our country or jurisdiction and/or _____ years of experience acquired in _____
name of other countries or jurisdictions
that were accepted by our accounting body in awarding the certificate or licence to practice.

- The attached statement indicates any disciplinary actions taken against this member and provides an explanation of the circumstances involved if the member has been readmitted following expulsion for a reason other than the non-payment of dues.
- If the status of the certificate, licence or permit changes and if, for any reason, it is suspended or revoked or if this individual is otherwise disciplined, we agree to notify the Ordre des comptables agréés du Québec of same.
- I confirm that our accounting body provides for a person who holds a valid CA designation granted by the Ordre des comptables agréés du Québec to obtain the designation and licence to practice in our country or jurisdiction without being required to write and pass the usual entrance examination(s).

X

SIGNATURE OF DULY AUTHORIZED PERSON

DATE

POSITION

NAME OF DESIGNATED ACCOUNTING BODY

Address

City

State/Country

Postal/Zip Code

Telephone

Fax

E-mail

Seal

PLEASE AFFIX THE SEAL OF YOUR ACCOUNTING BODY. THANK YOU.

Please forward this form as soon as possible to:

Ordre des comptables agréés du Québec
Education and Recruitment Vice-Presidency
680 Sherbrooke Street West, 18th floor
Montreal, Quebec H3A 2S3

Attention: Andrée Daoust, CA
Assistant Director