

Membership Application under a Reciprocity Agreement

PERSONAL INFORMATION

Client No.: _____

Admission fees – Payment included

Madam Sir

FAMILY NAME (As is appears on birth certificate): _____

USUAL FIRST NAME: _____ ALL GIVEN NAMES: _____
(In full) (As is appears on birth certificate)

DATE OF BIRTH: Year ____ Month ____ Day ____ LANGUAGE(S) SPOKEN: French English STATUS: Canadian citizen Landed immigrant

CORRESPONDENCE LANGUAGE: French English CORRESPONDENCE PREFERRED: Home Employer No correspondence

PERMANENT ADDRESS – Is this a new address? Yes No

No.: _____ Street Avenue Boulevard Road Apt: _____

City: _____ Province: _____ Postal code: _____

Home telephone number: (____) _____ Office telephone: (____) _____ Fax number: (____) _____

E-MAIL ADDRESS: _____

EMPLOYER (To be noted: The employer is required to send a letter to the Ordre conforming the working period in Canada.)

Ordre use only
EMPLOYER No.

FIRM NAME: _____

ADDRESS:

No.: _____ Street Avenue Boulevard Road Suite: _____

City: _____ Province: _____ Postal code: _____

Telephone: (____) _____, ext. _____ Direct line (If applicable): (____) _____

Date of beginning of employment: Year ____ Month ____ Day ____

RECOMMENDATIONS

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

_____ (Name in block letter)	_____ Signature	_____ CA – Membership number
_____ (Name in block letter)	_____ Signature	_____ CA – Membership number
_____ (Name in block letter)	_____ Signature	_____ CA – Membership number

AUTORIZATION

I authorize the Ordre to disclose my business address and numbers:

- a) to business partners with whom the Ordre has negotiated specific commercial agreements; Yes No
 b) to the CICA for purposes of receiving offers of goods and services; Yes No
 c) for publication in the Ordre/CICA directory; Yes No
 d) to the Foundation of Quebec Chartered Accountants. Yes No

If you do not answer the above questions, it will be assumed that authorization has been given.

STATEMENT AND SIGNATURE OF CANDIDATE (Mandatory)

I, the undersigned, hereby apply for a permit under Section 22 of the *Chartered Accountants Act* and ask that my name be entered on the Roll of members of the Ordre. I agree to comply with the *Chartered Accountants Act*, the *Professional Code*, the *Code of Ethics* of the Ordre and all regulations duly adopted by the Bureau of the Ordre.

MANDATORY: IN ACCORDANCE WITH SECTION 45.2 OF THE PROFESSIONAL CODE

- a) I have been found guilty of a criminal offence in Canada or another country. Answer no if you were granted a pardon. If yes, please attach a copy of the indictment and court decision. Yes No Info Already provided
 b) I have been brought before a professional corporation other than the Ordre in Canada or another country on a disciplinary charge. If yes, please attach a copy of the complaint and disciplinary decision. Yes No Info already provided

I declare that I have made an assignment of my property and that I have been subject to a receiving order within the meaning of the *Bankruptcy Act* for which I have not been discharged as yet. Yes

I understand that the Ordre will use the above-mentioned personal information for administration purposes and that all information will be treated confidentially.

My file will be kept at the Professional Environment and Administration department.

Signed: _____ Date: _____

Should my application be accepted, please use the following spelling for my full name on my permit, in accordance with legal requirements (please print).

ORDRE USE ONLY

Frais d'admission : ____ / ____ / ____ , ____ / ____ \$

Date de paiement : ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____

Date d'admission : ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____

CA – N° de membre : ____ / ____ / ____ / ____ / ____

Approuvé par : _____

Membership Application under a Reciprocity Agreement

Your application will be processed receipt of all the following documents duly completed and signed:

- *Membership Application under a Reciprocity Agreement;*
- *Letter from the employer confirming the working period in Canada;*
- *Oath or solemn affirmation of office;*
- Payment of the admission fees (see invoice below).

INVOICE – ADMISSION FEES

Client No.:	Date:	Amount payable: \$512.66
	<ul style="list-style-type: none"> • Admission fees \$450.00 • TPS 22.50 • TVQ 40.16 • Total \$512.66 	
Admission fees are not tax deductible.		
GST: R107803009 – QST: 1006163536		

Annual fees will be invoiced once you are admitted on the Membership Roll of the Ordre des comptables agréés du Québec.

Payment enclosed:

Yes Amount: \$ _____

Cash

Cheque

Please make cheque payable to the: **Ordre des comptables agréés du Québec or OCAQ.**
 Please write your client number in the back of the cheque.

Company cheque Personal cheque

Visa

MasterCard

Card number: _____ Expiration date: _____

Name of cardholder: _____ Signature: _____

Je, _____
[nom]

jure ou affirme solennellement que je remplirai les devoirs de la profession de comptable agréé avec honnêteté, fidélité et justice.

Je maintiendrai dans mes actes et mes paroles une attitude et une conduite respectueuse, dignes de la profession.

J'exécuterai fidèlement les mandats qui me seront confiés.

Je respecterai le secret professionnel.

Je me conformerai au *Code de professions*, à la *Loi sur les comptables agréés* et aux règlements de l'Ordre et j'aurai toujours le souci de ne pas compromettre l'honneur et la dignité de la profession dans laquelle je m'engage aujourd'hui.

[signature]

Assermenté ou déclaré solennellement devant moi

À _____ ce _____ jour _____ 200_____

Commissaire à l'assermentation

**OATH OR SOLEMN AFFIRMATION OF OFFICE
OF CHARTERED ACCOUNTANT**

I, _____
[Name]

do swear or solemnly declare that I will fulfil the duties of the profession of chartered accountant with honesty, integrity and justice.

In word and deed I will display a respectful attitude and behavior worthy of the profession.

I will faithfully execute all mandates entrusted to me.

I will observe professional secrecy.

I will comply with the *Professional Code*, the *Chartered Accountants Act* and the regulations of the Ordre, always bearing in mind my duty not to compromise the honour and dignity of the profession which I enter this day.

[Signature]

Sworn to or solemnly declared before me

In _____ this _____ day of _____ 200_____

Commissioner for oaths