

Application for Associate Membership on the Basis of Provincial Transfer – Provincial Body Confirmation (Form 4-1F)

To be completed by member:

I, _____ authorize the provincial body named below to release information in relation to my application for Membership on the Basis of Provincial Transfer.

X _____ / /
Signature Date (mm/dd/yyyy)

To be completed by provincial body:

REGARDING: _____ (full name as registered)

We, _____ (name of provincial body) confirm that the individual named above:

Yes No is a Member in good standing;

Yes No is not the subject of a complaint, investigation, disciplinary proceeding, disciplinary finding, order or settlement in respect of a disciplinary matter.

If no to any of the above, please explain in sufficient detail and add supplementary schedules as necessary:

In addition, we certify the following membership details:

A. Membership date (mm/dd/yyyy): _____ / _____ / _____

B. Designation held: CPA CA CMA CGA

C. Membership fees paid in full for fiscal year ending _____ and consisting of (select all that apply):
CPA Canada fee provincial body fee

Other comments:

We know of no reason why membership and/or licensure with the Chartered Professional Accountants of Ontario should not be granted.

Name of Authorized Party (on behalf of provincial body)

X _____ / /
Signature Date (mm/dd/yyyy)

Please affix
official stamp
or seal here