

Professional Corporation Confirmation of Status

1. PROFESSIONAL CORPORATION

Professional Corporation (PC) Name:

Professional Corporation (PC) #:

This Professional Corporation name has changed and I have attached the [PC Update Form \(4-6B\)](#).

2. PROFESSIONAL CORPORATION ADDRESS

Address:

Postal Code:

Tel:

Fax:

Email:

This Professional Corporation address has changed and I have attached the [PC Update Form \(4-6B\)](#).

3. TYPES OF SERVICES PROVIDED:

[Engages in the practice of public accounting in Ontario.](#)

Statement/report issued under the above PC

Statement/report issued by another firm - Please specify:

[Provides accounting services to the public in Ontario.](#)

No services are currently being provided through this Professional Corporation

Other (specify):

4. UPDATES TO OPERATING STATUS

A. Professional Corporation Type (Please circle one):

Full-time

Part-time

The operating status has changed and I have attached the [PC Update Form \(4-6B\)](#).

B. Firm Cessation:

This Professional Corporation is closed.

Ceased engaging in the practice of public accounting in Ontario and ceased providing accounting services to the public in Ontario, but the entity is not dissolved and remains registered with the Ministry.

Effective Date (mm/dd/yyyy): / /

5. INSURANCE DECLARATION (Please select ONE)

A. Professional Liability Insurance (Active Practice):

Name of Insurance Company:

Policy Number:

Effective Date (mm/dd/yyyy): / /

Expiry Date (mm/dd/yyyy): / /

Limit of Liability per claim:

Maximum Allowable Deductible: \$

B. Discovery Policy Insurance (Closed/Closing Practice):

Name of Insurance Company:

Policy Number:

Effective Date (mm/dd/yyyy): / /

Expiry Date (mm/dd/yyyy): / /

Coverage Amount: \$

Maximum Allowable Deductible: \$

C. Covered by Another Firm:

Name of Firm:

Firm No.:

Name of Insurance Company:

Policy Number:

Effective Date (mm/dd/yyyy): / /

Expiry Date (mm/dd/yyyy): / /

Coverage Amount: \$

I authorize the above-named insurance company to confirm the coverage details noted above and to notify CPA Ontario immediately of any reduction to that coverage.

6. DECLARATION

I declare that the information contained on this form is true and complete. I declare that I will comply with the provisions of the *Public Accounting Act, 2004* (Ontario), *Chartered Accountants Act, 2010* (Ontario), and with the Bylaws, Regulations and Rules of Professional Conduct of CPA Ontario, as each of them may be amended or replaced from time to time. I authorize you to contact any professional or regulatory body that I have identified in this application or related schedule, and to make enquires and/or obtain information in relation to this application and my responses throughout. I further authorize any professional or regulatory bodies that I am associated with to release such information. I understand that the information collected by this application may be shared with certain CPA Ontario committees.

	X _____	/ /
Full Legal Name	Signature	Date (mm/dd/yyyy)

Member No.:

Privacy Statement

CPA Ontario is committed to respecting your privacy and protecting your personal information. The collection, use and disclosure of your personal information that may be made by CPA Ontario is described in CPA Ontario's Privacy policy. The information collected in this application is used primarily to confirm the status of your Professional Corporation. We may also disclose your personal information to provincial accounting bodies and the Public Accountants Council for the Province of Ontario.

Questions:

For questions relating to this form, please contact the Office of the Registrar at cpaoregistrar@cpaontario.ca or by telephone during business hours (Monday to Friday 8:30 a.m. – 5 p.m.) at 416 969.4324 or 1 800 387.0735, ext. 4324.

Method of Submission:

Completed forms may be submitted via regular mail or via email at cpaoregistrar@cpaontario.ca.