Chartered Professional Accountants of Ontario
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cpaontario.ca

Request for Brochure – Chartered Professional Accountants can help you Navigate Change

Firm Name: _____ **CPA Ontario Firm ID:** _____

The sole proprietor or a partner of a Firm agrees to use the Brochure in accordance with the terms and conditions outlined below under "Confirmation".

Method of Submission:

This request may be submitted via e-mail, or regular mail to:

Chartered Professional Accountants of Ontario
Attention: Practice Advisory
69 Bloor Street East, Toronto M4W 1B3
Email: practiceadvisory@cpaontario.ca

Questions:

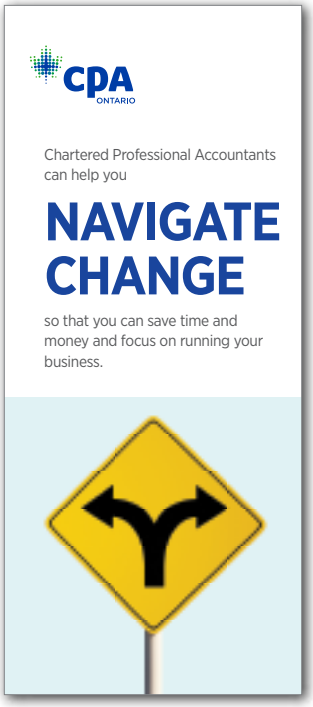
For questions relating to this form, please contact Practice Advisory by email at practiceadvisory@cpaontario.ca or by telephone at 416 969.4456 or 1 800 387.0735, ext. 4456.

Confirmation

To be completed by a sole proprietor or a partner of a Firm who is a Member in good standing and has the authority to bind the Firm.

I agree and acknowledge that:

- Chartered Professional Accountants of Ontario (registered business name of The Institute of Chartered Accountants of Ontario) ("CPA Ontario") retains all right, title and interest in copyright and any related intellectual property rights in the Brochure.
- the Firm is currently registered with CPA Ontario and is in good standing.
- the Brochure will only be used while the Firm is registered with CPA Ontario and is in good standing.
- the Brochure will be provided in an electronic form and any costs associated with printing are assumed by the Firm.
- I may alter the Brochure by including contact details for the Firm in the "Who to contact" section. It is my responsibility to ensure that any revisions to the Brochure comply with the bylaws and rules of professional conduct of CPA Ontario.
- I will not otherwise alter the contents of the Brochure.
- use of the CPA logo is restricted to the Brochure and I do not have the authority to use the CPA logo for other marketing purposes.
- in the event I wish to use the CPA logo, I will contact CPA Ontario for authorization.
- the information I have provided on this form is true and complete to the best of my knowledge.



Version requested

☐ PDF for Commerical Print Vendors

OR

☐ PDF for Office Printers

_____ X _____

Full Legal Name Signature

Position with firm: _____

CPA Ontario ID: _____ Date (mm/dd/yyyy): ___/___/_____

CPA Ontario use only

Provided file: Date (mm/dd/yyyy): ___/___/_____ By: _____