

Chartered Professional Accountants of Ontario 69 Bloor Street East Toronto ON M4W IB3 T. 416 962.1841 F. 416 962.8900 Toll free 1 800 387.0735 cpaontario.ca

(Name of Member of Firm) of the

Request for Review - Form 25A

IN THE MATTER OF

CHARTERED PROFESSIONAL ACCOUNTANTS OF ONTARIO

(City, Town, etc.) of	in the Province of Ontario.
REQUEST FOR REVIEW	
	(name) REQUESTS the Membership Committee to REVIEW the
decision of the Public Accounting Licensing Board dated (r	nm/dd/yyyy): / / .
AND ASKS that the matter be referred back to the Public A the following reason(s): (check all that apply)	accounting Licensing Board for reconsideration for
the Board failed to follow appropriate procedures in ar	riving at its decision;
there is reason to suspect a lack of independence on t	he part of any member of the Board who participated in the decision;
the Board did not give due consideration to all of the e	evidence available in arriving at its decision.
THE GROUNDS OF THE REVIEW are as follows: (Set out briefly the grounds of the review, i.e, the reasons w	hy the decision-maker erred)
below) (Please note that these are documents that were av	/ is attached. Indicated below: (provide copies of each relevant document and list vailable to the Board. If you have new documents that the Board has not he Membership Committee considers only the evidence that was before
TO Secretary to the Public Accounting Licensing Board	
AND TO Secretary to the Membership Committee	