

REGISTERED FIRM NAME CHANGE APPLICATION

Instructions:

This application is for registered firms seeking to make a name change and is subject to the rules and restrictions under CPA Nova Scotia By-laws including the Firm Name Policy.

For all firms requesting Chartered Professional Accountant or CPA in their name, the Registrar of Joint Stock Companies will require approval from CPA Nova Scotia before the name can be updated in their registry. CPA Nova Scotia will conditionally authorize the use of the name through this application, and then firm name can be updated with the Registrar of Joint Stock Companies.

Registered firms shall complete this application form to initiate a change to the firm name. The applicable fee of \$50.00 plus HST (\$57.50) will be invoiced and payable online. The application will be reviewed by the Registration Committee.

Application:

Member Name/Appointed Representative:

Registered Firm Name:

Registered Practice Name, if different than above:

New firm name proposed:

New Practice Name, if different than above:

Address:

Phone (work):

Email:

Fax (work):

Type of Registered Firm:

Sole Proprietorship

Professional Corporation

Partnership

Limited Liability Partnership

Type of Services to be Offered (check all that apply):

- Public Accounting – Audit
 - Public Accounting – Review
 - Regulated Services – Compilation, Tax or
Accounting Services
 - Regulated Services – Other, Please Specify
-

Please certify that the member is authorized as the representative of the firm to submit this application by initialling here: _____

Please state how many designated CPAs are working at the firm: _____

Please state how many professional accounting staff and accounting technicians (designated or non-designated) that are in the firm, who work on professional engagements: _____

Please confirm that the Registered Firm Name Policy has been reviewed by initialling here: _____

If the above is a non-personal firm name, please provide a description/reason for the proposed new firm name. (Attach a separate sheet if more space is required.)

I, _____, the undersigned, certify that the information contained in this application is true and complete.

Firm Representative Signature

Date

Please scan and email the completed form to registrations@cpans.ca