

Application for Pre-Approval of Firm Name for a Partnership or Sole Proprietorship

This application is for members seeking pre-approval for a firm name prior to making an application for registration. The proposed firm name approval may only be used for matters related to obtaining a registered firm, such as obtaining a certificate of registration from the Registry of Joint Stock Companies, obtaining professional liability insurance and other registration requirements under CPA Nova Scotia By-laws.

Instructions

1. Submission of this application will initiate the review by the Registration Committee to pre-approve a registered partnership or sole proprietorship firm name. The firm name must be consistent with the Registered Firm Name Policy.

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



Application for Pre-Approval of Firm Name
for a Partnership or Sole Proprietorship

Firm name:

The proposed name of the firm in accordance with the naming policy is:

Proposed Firm Representative:

Member Name:

Address:

	Phone (work):
Phone (Home):	Email:
Percentage of ownership held: %	

All Other Member Partners in the Firm:

Member Name:

Address:

	Phone (work):
Phone (Home):	Email:
Percentage of ownership held: %	

Member Name:

Address:

	Phone (work):
Phone (Home):	Email:
Percentage of ownership held: %	

(If there are additional partners (either members or registered firms) in the proposed partnership, please attach a complete listing to the application.)



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

Public Accounting – Audit _____

Public Accounting – Review _____

Regulated Services – Compilation _____

Regulated Services – Tax _____

Regulated Services – Accounting Services _____

(other than bookkeeping)

Regulated Services – Other, please specify _____

2. Please state how many designated CPAs will be working at the proposed firm: _____

3. Please state how many professional accounting staff and accounting technicians (designated or non-designated) will be working at the proposed firm on professional engagements: _____

4. Please confirm that the Registered Firm Name Policy has been reviewed by initialing here: _____

5. 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.)

The member applying as the firm representative declares that the information contained in this application is true and complete.

Firm Representative Signature: _____

Print Name: _____

Signature dated this _____ day of _____, 20____.

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