

Assisting Accountant Appointment

In accordance with CPA NL Bylaw Regulation 407, I, _____, as required for my firm registration in Newfoundland and Labrador, choose one of the following options:

Option A: By initialing here _____

I appoint the following CPA NL member, who is currently registered in public practice in Newfoundland and Labrador and has agreed to the appointment, as an Assisting Accountant to be responsible for returning client records in the event of my death or incapacity.

Name:	
Firm:	
Address:	
City, Province	
Postal Code	
Email address	
Telephone:	

By initialling here, I agree to reimburse my Assisting Accountant for reasonable out of pocket expenses incurred in providing the assistance, such as travel and miscellaneous office expenses.

My appointment is effective until a new appointment of Assisting Accountant is provided to CPA NL.

Option B: By initialing here _____

I authorize CPA NL to appoint a member in good standing who is registered in public practice as an Assisting Accountant in the event of my death or incapacity.

By initialling here, I agree to reimburse my Assisting Accountant for reasonable out of pocket expenses incurred in providing the assistance, such as travel and miscellaneous office expenses.

My office address is:

.....

DATED atin the Province of Newfoundland and Labrador, this day of
..... 20.....

PUBLIC PRACTITIONER:

Name

Signature of Public Practitioner

CPA NL ID Number

PLEASE PROVIDE EMERGENCY CONTACT INFORMATION

Name:	_____
Relationship:	_____
Address:	_____
City, Province	_____
Postal Code	_____
Email address	_____
Telephone:	_____

Please scan and email the completed form to registrar@cpanl.ca