

Form 3C
Request for Cancellation of Public Practice Licence

Form 3C may be used by members who have ceased the practice of public accounting as defined by Section 100 of the Bylaws, and would like to cancel their practice licence issued under Part 7 of the Bylaws of the Organization of Chartered Professional Accountants of British Columbia (CPABC)

Practitioner Name: _____ Membership # _____

Firm name: _____

Mailing address: _____

Telephone: _____ Fax: _____ E-mail: _____

1. Please certify that you have ceased the practice of public accounting as defined by Section 100 of the Bylaws and are no longer signing off on professional engagements as of the effective date. Please initial here _____
2. Effective date of cancellation: _____
3. Reason(s) for cancellation. (Check all that apply)
 - Sold practice to another CPA public practice firm
 - New employment in industry
 - New employment in public practice
 - Retired
 - Other. Please specify. _____

i) If you have sold or merged your practice, please provide the name and address of the firm.

ii) Please provide name and address of new employer (if applicable)

4. (a) If the firm and/or members hold a professional accounting corporation permit with CPABC, would you like to cancel the permit? (Please note that a professional accounting corporation permit is not required to be maintained with CPABC should the member cease public practice as defined by Section 100 of the Bylaws. However, if the member would like to cancel it, a new application, including any applicable fees needs to be submitted should they wish to engage in the public practice through their corporation in the future.)

Yes No Not Applicable

(b) If Yes, list the name(s) of the professional accounting corporation permit that you would like to cancel.

Name of Corporation: _____ ID #: _____

Name of Corporation: _____ ID #: _____

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

Signature of Member

DATED this _____ day of _____, 20____.

Please scan and email completed form to publicpractice@bccpa.ca

Privacy

The personal information requested in this form is collected under the authority of the *Chartered Professional Accountants Act of British Columbia* and the Organization’s bylaws, for the purpose of regulating the profession and administering the firm registration process in accordance with the *Act* and the CPABC’s bylaws, bylaw regulations, and code of professional conduct. Questions about the CPABC’s collection and use of personal information may be directed to the CPABC’s Privacy Officer. Contact details for our Privacy Officer can be found at www.bccpa.ca under “Privacy Policy”.

[For internal use only]

FF ID#: _____ FL ID#: _____

Student Approval: Yes No If Yes, Student (s) now employed at: _____

The Chartered Professional Accountants of BC approves the cancellation of the public practice licence.

Signed: Director, Public Practice Licencing

DATED this _____ day of _____, 20____.