

PROVINCIAL CONFIRMATION

COMPLETE PART 1 ONLY THEN SEND TO YOUR HOME PROVINCIAL CPA BODY FOR COMPLETION OF PART 2.

Part 1 – To Be Completed by the Registrant

Registered Legal Name (in full): _____

Complete Address: _____

DOB: _____ CPA Canada ID#: _____
(mm / dd / yyyy)

I, _____, authorize CPA _____ to release information in relation to my application for registration as a member on the basis of affiliation with CPANWT/NU.

Signature _____ Date (mm / dd / yyyy) _____

Please note CPANWT/NU may request original documentation provided to your current CPA body for registration with your current CPA body.

SECTION BELOW TO BE COMPLETED BY HOME PROVINCIAL CPA BODY

Part 2 – Registrant Qualification Details

We, _____, confirm the following information related to the individual named above:

Registered Legal Name (in full): _____
First name Middle name Last name Designation

Date of Membership: _____ CPA Canada ID#: _____
(mm / dd / yyyy)

Membership gained by completing the following: ☐ CPA ☐ CA ☐ CGA ☐ CMA

☐ Affiliation from another provincial body
Please provide a copy of original documentation provided when admitted to this body

☐ Foreign Qualification
Name of foreign accounting organization: _____
Exam completed and date(s): _____
Please provide a copy of original documentation provided when admitted to this body

If applicable, Fellowship awarded on _____ (mm / dd / yyyy)

Fees paid: ☐ CPA Canada ☐ Provincial resident ☐ Provincial affiliate For fiscal year ending: _____
(mm / dd / yyyy)

CPD Compliant ☐ Yes ☐ No If No, please explain _____

CPD reduction received ☐ Yes ☐ No If Yes, state reason _____

Member has reported:

Verified _____ plus _____ unverified, for the reporting period of January 1, 20____ through December 31, 20____

Verified _____ plus _____ unverified, for the reporting period of January 1, 20____ through December 31, 20____

Verified _____ plus _____ unverified, for the reporting period of January 1, 20____ through December 31, 20____

Please indicate if the member is the subject of a complaint, investigation, disciplinary proceeding or finding, order or settlement in respect to a disciplinary matter.

Academic qualification (if available):

Degree Granted	University	Date Granted

Basis of Admission	CPA	Legacy CA	Legacy CMA	Legacy CGA
Year of completion of education program:	(date passed CFE)	(date passed UFE)		
Practical experience duration completed (if applicable):				
Province of first membership:				
Date of first membership:				

We know of no reason why registration as a member with CPA Northwest Territories/Nunavut should not be granted.

Name of CPA body

Date (mm / dd / yyyy)

Print Name and Position

Signature

Phone

Email

RETURN COMPLETED FORM TO admin@cpa-nwt-nu.org