

REGISTERED FIRM NAME CHANGE APPLICATION

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.

Instructions:

- Registered firms shall complete this application form to initiate a change to the firm name and submit the \$50.00 plus HST application fee (\$57.50 – see bottom of form for payment details). The application will be reviewed by the Registration Committee.

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:

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<hr/>	Phone (work):
Email:	Fax (work):
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- 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 _____

4. Please certify that the member is authorized as the representative of the firm to submit this application by initialling here: _____.
5. Please state how many designated CPAs are working at the firm. _____.
6. Please state how many professional accounting staff and accounting technicians (designated or non-designated) that are in the firm, who work on professional engagements _____.
7. Please confirm that the Registered Firm Name Policy has been reviewed by initialling here: _____.
8. 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.)

9. Application for Approval of Firm Name Change

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

Payment of \$57.50 enclosed: VISA Mastercard Cheque Enclosed (make cheques payable to CPA Nova Scotia)

Card No.: _____ Expiry Date: _____ V-Code: _____

Cardholder Name: _____ Cardholder Signature: _____

For Office Use Only

REGISTRATION COMMITTEE:

APPROVED

Date: _____

NOT APPROVED

Database Updated: yes no

Initials: _____

Date: _____