

Firm Deregistration Request

A registered firm may apply to the Registration Committee for permission to deregister by submitting this application.

Instructions

Complete the attached application form and submit to registrations@cpans.ca, attention Lori McGuire.

IMPORTANT INFORMATION

- You may not apply to deregister your firm if:
 - (a) There are complaints pending and the request is not supported in writing by the Investigation Panel;
 - (b) There are outstanding fees or other amounts owing to CPA Nova Scotia;
 - (c) If the firm is still offering public accounting or other regulated services to the public;
 - (d) The firm holds no money or other property in trust for clients; and completion of all client matters must be achieved.
- Discovery-period insurance coverage must be in place for at least six (6) years from the date the applicant ceases practice;
- Registered personal professional corporations (PCs) should consider the impact of deregistration to an operating PC.

Firm Deregistration Form

Member Name:

Address:

	Phone (work):
Email:	Phone (home):

Firm Name to be Deregistered:

Practice Name to be Deregistered: *(If different than above)*

Street Address: *(for every office location)*

Location # 1:	Location # 2:
Address:	Address:
Location # 3:	Location # 4:
Address:	Address:

(If there are additional practicing office(s) locations, please attach a complete listing to the application.)

Firm Type:

Sole Proprietorship

Partnership

LLP

Professional Corporation

Operating

Personal



If the firm is a personal PC, does it hold the voting shares or capital stock in another regulated firm? If so, please describe current ownership structure:

1. INTENT TO DEREGISTER

I wish to deregister my firm and confirm the following (please initial):

- _____ All client matters have been completed;
- _____ Satisfactory arrangements have been made with respect to client files;
- _____ The registered firm does not hold money or other property in trust for any client; and
- _____ In circumstances where CPA Nova Scotia requires the applicant to carry discovery-period insurance coverage, that such insurance coverage remains in place or will respond to claims made for a period of six (6 years). **I have completed the attached Professional Liability Declaration for Former Firms.**

All activities of the registered firm will cease on _____ and the
[date]
firm will no longer offer public accounting or regulated services to the public as of that date.

Dated this _____ day of _____, 20____ at _____, Nova Scotia.

Member Name: [please print]

Witness Name: [please print]

Member Signature

Witness Signature

Professional Liability Insurance Declaration for Former Firms

Instructions:

This form must be completed and filed upon deregistration of a registered firm, if required, or annually, as requested by CPA staff, by all firms that have ceased practising within the past six years, as described in the Professional Liability Insurance Policy on our website. **Please complete ALL blank sections.**

It is **not necessary** for you to arrange for the insurer to confirm insurance coverage on an independent basis, but we reserve the right to request a copy of the policy.

Registered Firm Name:

Registered Practice Name (if different):

Firm Contact/Member:

Please complete either Part A or Part B

PART A

POLICY DETAILS:

Name of Insurer:

Named Insured(s):

(Please include all names listed on the policy Declaration page, exactly as listed, including all previous firm names covered by this policy in the past six years; If space is insufficient, please attach a separate page or a copy of the policy Declaration page.)

Policy Number _____ Expiry Date _____

Policy Amount Per Claim _____ Aggregate _____



PART B

The firm does not carry discovery-period professional liability insurance, in accordance with the provisions of the By-laws, because the firm's practice was purchased by the following firm and I am advised and believe that the necessary professional liability insurance coverage relating to the firm's past practice is covered under the terms of the insurance policy carried by the successor firm.

Successor Firm: _____

DECLARATION

(Note: Must be signed by a Member)

I hereby declare that, to the best of my knowledge, the information provided in this Declaration is correct and current. Please provide details of any differences in the information noted above.

Name: _____ Signature: _____
(Please print) *(Signature required)*

DATED this _____ day of _____, 20____.

Please scan and email the completed form to registrations@cpans.ca, attention: Lori McGuire.