



REQUEST FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP (NEW LLP)

Name of Proposed LLP (Full Name and Address):	
Name of Existing Firm (if converting existing firm to LLP):	
Traine of Existing Firm (if converting existing firm to	LLI).
Name(s) of Partner(s) of Prenesed III P (including pr	ofossional cornerations if anyly
Name(s) of Partner(s) of Proposed LLP (including professional corporations, if any):	
Name of Managing Partner of Proposed LLP:	
I understand that the above information will be used by 0	
of Entrepreneurship Manitoba that the above-named Lin Manitoba in good standing for the practice of public according	
professional liability insurance in accordance with the By	laws of CPA Manitoba. I have attached a current
Certificate of Insurance with respect to the firm's profess	sional liability insurance
I certify that the above information is correct to the best	of my knowledge and belief.
Signature of Managing Partner	Date of Signature
For CPA Manitoba Use:	
Chartered Professional Accountants of Manitoba confirm	
in good standing with CPA Manitoba, that the partnershi professional liability insurance in accordance with the CI	
applicable eligibility requirements for practice as a limite	
Professional Accountants Act, Chapter C71, C.C.S.M.	
0:	
Signature of the Secretary or Registrar	Date of Approval