



REQUEST FOR REGISTRATION of SOLE PROPRIETOR OR PARTNERSHIP (New Firm)

Name of Proposed Firm (Full Name and Address):		
Name(s) of Partners (if any):		
I understand that the above information will be used by CPA Manitoba for purposes of approval of registration of a new firm. I understand that I am responsible to promptly report any changes to the firm structure, ownership,		
addresses, and services that it provides to CPA Manif		iructure, ownership,
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A separate application for permit to provide public accounting and/or other regulated services is attached.		
I certify that the above information is correct to the best of my knowledge and belief.		
Printed Name and Signature of a Partner/Sole Proprie	etor Date of A	Application
For CPA Manitoba Use:		
Chartered Professional Accountants of Manitoba consents to the registration and use of the above name by the above firm to comply with <i>The Chartered Professional Accountants Act, Chapter C71, C.C.S.M.</i> and the CPA		
Manitoba Bylaws and Code of Professional Conduct.	Accountants Act, Chapter Of 1, C.O.	.o.m. and the of A
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Signature of the Secretary or Registrar	Date of A	Approval
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Note: Please also complete:		
APPLICATION FOR PERMIT FOR A PUBLIC ACCOUNTING OR OTHER REGULATED SERVICES FIRM		

APPLICATION FOR PERMIT FOR A PUBLIC ACCOUNTING OR OTHER REGULATED SERVICES FIRM CONFIRMATION OF PROFESSIONAL LIABILITY INSURANCE - NEW FIRM