



Mr. Test First Test Last, CPA, CA, C00000000 has submitted Annual Firm/Office Registration Renewal Declarations at 1:26 PM July 08, 2024 on behalf of Test Firm.

\* Is **Test Firm, Richmond** a Home Office?

Yes

A home-based practice is defined as a practice located inside a practitioner's home. A practitioner who operates in a self-contained space on their property which is open to the public would not be considered a home-based office.

\* Please provide a phone number that you can be reached at during business hours:

(111)111-1111

\* This office subscribes to CPA Professional Engagement Guide:

☐ Yes

☒ No

This office's web address:

Office Profile Update:

Please select either option **A** or option **B**. If you select option A, the percentage must add up to 100%.

A) ☐ This firm has done engagements in the following areas:

Audit – Public Companies	<input type="text" value="0.00 %"/>	Audit – Private Companies	<input type="text" value="0.00 %"/>
Audit – Not for Profit	<input type="text" value="0.00 %"/>	Audit – First Nations	<input type="text" value="0.00 %"/>
Audit – PSAB - Municipality & Others	<input type="text" value="0.00 %"/>	Review	<input type="text" value="0.00 %"/>
Trust Accountant’s Report	<input type="text" value="0.00 %"/>	Specified Reports	<input type="text" value="0.00 %"/>
Compilation	<input type="text" value="0.00 %"/>	Tax - T1	<input type="text" value="0.00 %"/>
Tax - T2	<input type="text" value="0.00 %"/>	Tax - Other	<input type="text" value="0.00 %"/>
Bookkeeping	<input type="text" value="0.00 %"/>	Valuation (if not issued by a CBV)	<input type="text" value="0.00 %"/>
FOFI / Projections	<input type="text" value="0.00 %"/>	Forensic Accounting	<input type="text" value="0.00 %"/>
Consulting & Other	<input type="text" value="0.00 %"/>		
Total:			<input type="text" value="0.00 %"/>

B) ☒ This firm has not done any engagements in any of the above areas.

\* For Practice Review, would the firm be submitting/providing their files electronically or by paper?

Electronic & Paper

**Firm Composition:**

Please note that all CPA members are listed on the firm roster. Please complete the following to provide information on additional staff and students.

Number of non-CPA partner(s) in this office:

0

Number of Foreign Designated Staff in this office:

0

Number of CPA students training in this office:

a) In the Pre-Approved Route:

0

b) In the Experience Verification Route is:

0

Number of Accounting Engagement Staff in this office:

0

Number of Administrative Staff in this office:

0

**Please indicate any significant changes to practice (i.e. nature of work performed, merger/sale of practice, or other significant areas of change)**

Estimated Annual Gross Billings

\$0.00

## Trust Accounts:

\* 1) Does the firm hold trust accounts?

☐ Yes ☒ No



2) If yes, what are these trust accounts relating to? (check all that apply)

- ☐ Retainer for fees
- ☐ Insolvency/bankruptcy proceedings
- ☐ Services as an Executor
- ☐ Other (please specify):

## Emerging Industries:

- \* This firm/office has clients that provide retail or manufacturing services in the [cannabis](#) industry. ☐ Yes ☒ No
- \* This firm/office provides services to clients that hold, use or transit in [cryptocurrency](#). ☐ Yes ☒ No
- \* This firm/office provides services to clients that use [blockchain](#). ☐ Yes ☒ No

## Please provide professional liability insurance information as requested below:

- \* Insurer Name:
- \* I confirm that my firm's professional liability insurance meets the requirements of [Bylaw Regulation 1301/1](#), including covering the acts and omissions of all members engaged in public practice at or in association with the authorized practising office of the firm ☒ Yes ☐ No
- \* Insurance Effective Date:   (mm/dd/yyyy)
- \* Insurance Expiry Date:   (mm/dd/yyyy)
- \* Insurance Coverage Per Claim:
- \* Policy/Certificate No:

☒ You have already submitted this declaration. Please click "Next" button to proceed to next step.

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