

## Assisting Accountant Appointment

In accordance with CPABC Bylaw Regulation 704/4, I, \_\_\_\_\_, as required for my public practice licence in British Columbia, choose one of the following options:

**Option A:** By initialing here \_\_\_\_\_

I appoint the following CPABC member, who is currently licensed for public practice in British Columbia and has agreed to the appointment, as an Assisting Accountant to be responsible for returning client records in the event of my death or incapacity.

Name:	Address:
Firm:	
Email Address:	
Telephone:	

My appointment is effective until a new appointment of Assisting Accountant is provided to CPABC.

**Option B:** By initialing here \_\_\_\_\_

I authorize CPABC to appoint a member in good standing holding a public practice licence as an Assisting Accountant in the event of my death or incapacity.

By initialing here, I agree to reimburse my Assisting Accountant for reasonable out of pocket expenses incurred in providing the assistance, such as travel and miscellaneous office expenses.

My office address is:

.....

DATED at .....in the Province of British Columbia, this ..... day of ..... 20.....

**PUBLIC PRACTITIONER:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature of Public Practitioner

\_\_\_\_\_  
CPABC ID Number



- 2 -

<b>WHO TO CONTACT IN CASE OF EMERGENCY (If other than the Assisting Accountant)</b>
Name:
Relationship:
Address:
Telephone:
Email Address:

Please scan and email the completed form to [publicpractice@bccpa.ca](mailto:publicpractice@bccpa.ca)