

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:	
Firm:	
Address:	
City, Province	
Postal Code	
Email address	
Telephone:	

By initialling 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 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 initialling 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 atin the Province of British Columbia, this day of 20.....

PUBLIC PRACTITIONER:

Name

Signature of Public Practitioner

CPABC ID Number

PLEASE PROVIDE EMERGENCY CONTACT INFORMATION

Name:	
Relationship:	
Address:	
City, Province	
Postal Code	
Email address	
Telephone:	

Please scan and email the completed form to publicpractice@bccpa.ca