

## Form 1 Application for Approval of Firm Name Change

*Form 1 may be used by members who are applying for CPABC's approval of a firm name change under Rule 401 of the CPA Code of Professional Conduct.*

Rule 401 states:

*A member or registered firm shall engage in the practice of public accounting only under a name or style which*

- (a) is not misleading,*
- (b) is not self-laudatory,*
- (c) does not contravene professional good taste, and*
- (d) has been approved by the Public Practice Committee or the Registrar in a manner specified by the Board*

*The applicant must be a member in good standing of the Chartered Professional Accountants of BC with a direct or indirect proprietary interest in the firm.*

Member name: \_\_\_\_\_ Membership # \_\_\_\_\_

Current firm name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Please certify that the member is authorized by the firm to submit this application by initialling here: \_\_\_\_\_

2. Proposed new firm name: \_\_\_\_\_

3. If the above is a non-personal firm name, please provide a description/reason for the proposed new firm name. (Attach a separate sheet if more space is required.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Reason(s) for changing firm name. (Check all that apply)
- Merged practice with another CPA firm. Please provide name of firm \_\_\_\_\_
  - New partner. Please provide name of partner. \_\_\_\_\_
  - Partner retired. Please provide name of partner. \_\_\_\_\_
  - Other. Please specify. \_\_\_\_\_

5. Effective date of proposed firm name: \_\_\_\_\_

6. Please state how many designated CPAs are in the firm. \_\_\_\_\_

7. Please state how many full-time staff (designated or non-designated) that are in the firm, who work on professional engagements. \_\_\_\_\_

8. List the names and professional designations of all individuals (CPAs and non-CPAs) currently holding a direct or indirect proprietary interest in the firm. (Attach a separate sheet if more space is required.)

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Membership # \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Membership # \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Membership # \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Membership # \_\_\_\_\_

9. List the names and professional designations of any other individuals who will be acquiring a direct or indirect proprietary interest in the firm on or before the date specified in #5 above. (Attach a separate sheet if more space is required.)

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Membership # \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Membership # \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Membership # \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Membership # \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, certify that the information contained in this application is true and complete.

\_\_\_\_\_  
Signature of member

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

**Privacy**

The personal information requested in this form is collected under the authority of the *Chartered Professional Accountants Act* and CPABC's bylaws, for the purpose of regulating the profession and approval of practice names in accordance with the *Act* and the CPABC's bylaws, bylaw regulations, and code of professional conduct. Questions about CPABC's collection and use of personal information may be directed to the CPABC's Privacy Officer. Contact details for our Privacy Officer can be found at [www.bccpa.ca](http://www.bccpa.ca) under "Privacy Policy".

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**[For internal use only]**

The Chartered Professional Accountants of BC approves the firm name proposed in this application.

\_\_\_\_\_  
Signed: Director, Public Practice Licensing

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.