

**Form 3D**  
**Request for Cancellation of a Public Practice Firm**  
**Registration, an Authorized Practising Office**  
**and/or a Professional Accounting Corporation**  
**Permit**

*Form 3D may be used by members to cancel their Firm Registration, their Authorised Practising Office and/or their Professional Accounting Corporation Permit.*

Member Name: \_\_\_\_\_ Membership # \_\_\_\_\_

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

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

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

2. Type of Cancellation (Check all that apply):

Firm Registration     Authorised Practising Office     Professional Accounting Corporation Permit

**Please fill out the following section to cancel a Firm Registration or an Authorised Practising Office(s).**

1. Does your firm have more than one office?     Yes     No

a. If yes, which office(s) are you cancelling?

Office Address: \_\_\_\_\_ Office ID # \_\_\_\_\_

Office Address: \_\_\_\_\_ Office ID # \_\_\_\_\_

2. Effective date of cancellation: \_\_\_\_\_

3. Is the firm/office being cancelled currently a pre-approved training office?     Yes     No

4. Reason(s) for cancellation. (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Selling practice             | <input type="checkbox"/> Dissolution of a partnership  |
| <input type="checkbox"/> Closing practice             | <input type="checkbox"/> Creation of a new partnership |
| <input type="checkbox"/> Retirement                   | <input type="checkbox"/> Office merger                 |
| <input type="checkbox"/> Other. Please specify. _____ |  |

- a. If you have merged or sold your practice, please provide the name and address of the office where employees will be working.

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**Please fill out the following section to cancel a Professional Accounting Corporation Permit**

Please note that a professional accounting corporation permit is not required to be maintained with CPABC should the member cease public practice as defined by Section 100 of the Bylaws. However, if the member would like to cancel it, a new application, including any applicable fees needs to be submitted should they wish to engage in the public practice through their corporation in the future.

1. List the name(s) of the professional accounting corporation permit(s) you would like to cancel.

Name of Corporation: \_\_\_\_\_ ID #: \_\_\_\_\_

Name of Corporation: \_\_\_\_\_ ID #: \_\_\_\_\_

2. Effective date of cancellation: \_\_\_\_\_

3. Reason(s) for cancellation: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Member

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

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

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**Privacy**

The personal information requested in this form is collected under the authority of the *Chartered Professional Accountants Act of British Columbia* and the Organization's bylaws, for the purpose of regulating the profession and administering the firm registration process in accordance with the *Act* and the CPABC's bylaws, bylaw regulations, and code of professional conduct. Questions about the 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]**

FF ID#: \_\_\_\_\_ FL ID#: \_\_\_\_\_

Student Approval:  Yes  No If Yes, Student (s) now employed at: \_\_\_\_\_

The Chartered Professional Accountants of BC approves the cancellation.

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

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