

**PROVINCIAL CONFIRMATION  
APPLICATION FOR REGISTRATION**

**Part I – Registrant Profile (to be completed by the registrant)**

Registered Legal Name (in full): \_\_\_\_\_  
DOB: \_\_\_\_\_ CPA Canada ID#: \_\_\_\_\_

**Part II – Registrant Consent (to be completed by the registrant)**

I, \_\_\_\_\_, authorize the provincial body named above to release information in relation to my application for registration as a member on the basis of affiliation with another provincial institute<sup>1</sup>.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Part III – Registrant Qualification Details (to be completed by provincial institute)**

We, \_\_\_\_\_, confirm the following information related to the individual named above:

Registered Legal Name (in full): \_\_\_\_\_

Date of Membership: \_\_\_\_\_ CPA Canada ID#: \_\_\_\_\_  
(mm/dd/yyyy)

Membership gained by completing the following: CPA CA CGA CMA Foreign Qualification  
*Foreign Candidate*

Name of Foreign accounting organization: \_\_\_\_\_

Exam completed and date(s): \_\_\_\_\_

If applicable, Fellowship awarded on \_\_\_\_\_

Fees paid: CPA Canada Provincial Resident Provincial Affiliate For fiscal year ending: \_\_\_\_\_  
(mm/dd/yyyy)

CPD Activities Reported and Declared: Yes No If No, please explain:

Member has reported:

Verified \_\_\_\_ plus \_\_\_\_ unverified, for the reporting period of January 1, 20\_\_ through December 31, 20\_\_.

Verified \_\_\_\_ plus \_\_\_\_ unverified, for the reporting period of January 1, 20\_\_ through December 31, 20\_\_.

Verified \_\_\_\_ plus \_\_\_\_ unverified, for the reporting period of January 1, 20\_\_ through December 31, 20\_\_.

<sup>1</sup> "Provincial Institute" means a regulatory body for professional accountants established pursuant to legislation in any province or territory of Canada and The Institute of Chartered Professional Accountants of Bermuda.

Please note below if the member is or has ever been the subject of a complaint, investigation, disciplinary proceeding, disciplinary finding, order or settlement in respect of a disciplinary matter. Please also indicate if the member has been restricted/suspended/cancelled/expelled/terminated for any reason other than non-payment of fees. Provide any additional documents as attachments:

**Part IV – Education and Experience (to be completed by provincial institute)**

Academic qualification (if available):

Degree Granted	University	Date Granted

Basis of Admission	CPA	Legacy CA	Legacy CMA	Legacy CGA
Year of completion of education program:	(date passed CFE)	(date passed UFE)		
Practical experience duration completed (If applicable):				
Province of first membership:				
Date of first membership:				

*Please note the provincial body you are applying to may request original documentation provided to this organization for registration with the regulatory body.*

**We know of no reason why registration as a member with CPA Manitoba should not be granted.**

---

Name of CPA (or CA/CMA/CGA) body Date

---

Print Name and Position Signature

---

Contact Information: Phone Email

---