

REQUEST FOR APPROVAL OF LIMITED LIABILITY PARTNERSHIP NAME CHANGE

Name of Existing LLP:

Name of Proposed LLP (Full Name and Address):

Name(s) of Partner(s) (including professional corporations, if any):

Name of Managing Partner:

I understand that the above information will be used by CPA Manitoba to confirm to the Companies Office of Entrepreneurship Manitoba that the above-named Limited Liability Partnership is registered with CPA Manitoba in good standing for the practice of public accounting and that the partnership maintains professional liability insurance in accordance with the Bylaws of CPA Manitoba.

I certify that the above information is correct to the best of my knowledge and belief.

Signature of Managing Partner

Date of Signature

For CPA Manitoba Use:

Chartered Professional Accountants of Manitoba confirms that the above-named partnership is registered in good standing with CPA Manitoba, that the partnership has provided evidence that it maintains professional liability insurance in accordance with the CPA Manitoba Bylaws and hence meets all the applicable eligibility requirements for practice as a limited liability partnership imposed by *The Chartered Professional Accountants Act, Chapter C71, C.C.S.M.*

Signature of Chief Executive Officer

Date of Approval

PLEASE SUBMIT COMPLETED FORM TO [EFFIE SIGUENZA](mailto:esiguenza@cpamb.ca) esiguenza@cpamb.ca
OR FAX 204 943.7119