

Assisting Accountant Appointment

In accordance with CPA Nova Scotia By-Law 311A, and as required for my firm registration in Nova Scotia, I, _____, choose one of the following options:

Option A: By initialing here _____

I appoint the following CPA Nova Scotia member (or registered firm), who provides public accounting services or other regulated services consistent with my member registration, 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. I agree to reimburse my Assisting Accountant for any reasonable fees and/or out of pocket expenses incurred in providing the assistance.

Member Name:	
Registered Firm:	
Address:	
Email:	Phone:

Option B: By initialling here _____

I authorize CPA Nova Scotia to appoint a member (or registered firm) in good standing as an Assisting Accountant in the event of my death or incapacity. I agree to reimburse my appointed Assisting Accountant for any reasonable fees and/or out of pocket expenses incurred in providing the assistance.

Dated _____, 20____ at _____, _____
Month Day Year City Province

Public Practitioner's Name

Signature

PLEASE PROVIDE EMERGENCY CONTACT INFORMATION

Name:	Relationship:
Address:	
Email:	Phone: