

Form 2 - Application for Renewal of Licence

Public Accountants Board of the Province of Nova Scotia

P. O. Box 44182

Bedford, NS B4A 3Z8

E-MAIL: info@pabns.com

A licence fee in the amount of \$300.00 payable to the Public Accountants Board of the Province of Nova Scotia must accompany this application.

(Please print.)

Personal Information

1. Name _____
(surname / first name / middle name)

2. Home address _____

Postal code _____

Telephone _____

Fax _____

E-mail _____

3. Name of practice _____

4. Practice address _____

Postal code _____

Telephone _____

Fax _____

E-mail _____

Renewal year

5. I hereby apply for renewal of a Public Accountant's licence for the year _____.

Consent

6. I hereby Consent Do not consent
to the information contained in 1, 3 and 4 being published on the website of the Public Accountants Board of Nova Scotia.

General

7. Are there any outstanding civil judgments against you or any actions outstanding against you that may result in a civil judgment?

Yes _____ No _____

(If the answer is yes, please give full details on a separate sheet.)

8. Have there been any changes to the information provided in your original application for a licence or since your last renewal?

Yes _____ No _____

(If the answer is yes, please give full details on a separate sheet.)

9. To your knowledge or belief, is there any event, circumstance, condition or matter not disclosed in your replies to the preceding questions that touches or may concern your conduct, character or reputation, and that you know is or believe might be thought to be an impediment to your licence being renewed or warrant further inquiry by the Public Accountants Board?

Yes _____ No _____

(If the answer is yes, please give full details on a separate sheet.)

Declaration of Applicant

I, _____, the above named applicant for renewal of a public accountant's licence, **do solemnly declare** that the statements contained in this application are complete and true in every respect;

And I declare that I am lawfully entitled to be employed in Canada;

And I declare that I carry on a practice as a public Accountant, alone or in partnership with others as my principal means of livelihood;

And I declare that I am a member, in good standing, of the _____
_____ (*name of accounting institute or association*);

And I declare that I will hold, while licensed as a public accountant, public liability insurance with a minimum coverage of \$1,000,000;

And I declare that I am subject to the practice inspection program with ICANS/CGANS (*cross out the portion that does not apply*) and have completed the minimum professional development hours;

And I make the above statements conscientiously believing them to be true.

Signature of witness

Signature of applicant

Name of witness (*please print*)