The Institute of Chartered Accountants of Ontario
69 Bloor Street East Toronto, ON M4W 1B3
Tel: 416 962.1841 Fax: 416 962.8900 Toll free: 1 800 387.0735
www.icao.on.ca

Certificate Replacement Declaration Form

A. IN THE MATTER OF A REQUEST TO REPLACE MY CA CERTIFICATE

ICAO NO. | | | | | | |

I, _____
(Full name, please print)

of the city/township of _____ in the Province of _____

Declare that

My full legal name is _____
(Please print)

My original certificate of membership was issued on (mm/dd/yyyy): _____ / _____ / _____

(Please give explanation of the loss or reason for request below)

_____

_____

_____

_____

_____

I hereby undertake that if the original certificate of membership is ever recovered, it will be forwarded forthwith to The Institute of Chartered Accountants of Ontario.

X _____ _____
Signature Date

B. TOTAL AMOUNT OF FEE REMITTANCE

Credit Card Information: ☐ Visa ☐ MasterCard

				-					-				-				

Expiry Date

m	m	y	y

HST# 10750 8525 RT0001

☐ Company Cheque
☐ Personal Cheque

To pay by cheque, record your ICAO number on the cheque and make it payable to: **The Institute of Chartered Accountants of Ontario.**

I declare that the information contained on this form is true and complete. I also authorize the Institute to charge the above credit card, if credit card payment information for the amount specified below has been provided.

_____ **X** _____ _____
Print Name Signature Date

FEES DUE: $56.50 ($50.00 + $6.50 HST)

FEE PAID: $ | | . | |

Institute Use Only Bill To: | | | | | | |

Print Form Clear Form