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

Readmission to Membership – Application Form

A. PERSONAL INFORMATION

ICAO NO. | | | | | | |

Registered Name: _____
(Surname followed by given names. Must appear exactly as they are on legal documentation)

Former Legal Name: _____
(If previously a member of the Institute under a different name)

Birth date (mm/dd/yyyy): _____/_____/ _____ E-mail: _____

B. RESIDENTIAL ADDRESS INFORMATION

Address: _____ Tel: _____

_____ Fax: _____

☐ Please use the above as my preferred mailing address

C. EMPLOYMENT INFORMATION

Employer Name: _____ Position Title: _____

Employer Address: _____ Tel: _____

_____ Fax: _____

Date Employment Commenced (mm/dd/yy): _____/_____/ _____

☐ Please use the above as my preferred mailing address

Please check one of the boxes:
☐ I reside and/or carry on an occupation in Ontario
☐ I do not reside and/or do not carry on an occupation in Ontario

When you were an active member of the Institute, did you have a part-time or full-time public accounting practice ☐ Yes ☐ No

D. PLEASE LIST BELOW ALL ACCOUNTING BODIES OF WHICH YOU ARE OR HAVE BEEN A MEMBER

(including any provincial Institute in Canada or Bermuda or any accounting body outside Canada)

Name of accounting body(s)	(mm/dd/yyyy) to	(mm/dd/yyyy)
	_____/_____/ _____	_____/_____/ _____
	_____/_____/ _____	_____/_____/ _____

E. PAYMENT OPTIONS:

Credit Card Information: ☐ Visa ☐ MasterCard

Expiry Date m m y y

				-					-					-				

HST# 10750 8525 RT0001

☐ Company Cheque
☐ Personal Cheque
☐ Electronic Bank Payment
Please use your ICAO number as your account number and return this form.

To pay by cheque, record your ICAO number on the cheque and make it payable to: **The Institute of Chartered Accountants of Ontario.** You are encouraged to register online via the Institute's website at www.icao.on.ca.

AMOUNT PAID: $ | | | | | . | |

_____ X _____ _____
Print Name Signature Date

INSTITUTE USE ONLY – FEES DUE		
Annual Membership	Readmission:	Late Fee:
	Reinstatement:	H.S.T.:
		Total Fees Due:

G. PLEASE CHECK ONE IN SECTION (A) OR SECTION (B):

(a) At the time of resignation from/termination of membership with the Institute:

- ☐ my certificate of membership was returned to the Institute
- ☐ I filed a statutory declaration of loss/destruction in lieu of the certificate

(b) I submit with this application for readmission to membership:

- ☐ my certificate of membership
- ☐ a statutory declaration attesting to the loss/destruction of my certificate of membership

An application for readmission will be considered only if the membership certificate has been returned to the Institute or if a signed statutory declaration of loss is filed with the Institute in lieu of the return of the certificates.

H. PLEASE ANSWER THE FOLLOWING QUESTION:

(Read carefully to the end of this section before answering)

Have you ever: (a) been convicted of any criminal or similar offence under any Act of the Parliament of Canada, or of the legislature of any province of Canada, or under the laws or ordinances of any territory of Canada, or under the laws of any jurisdiction outside of Canada;
OR
(b) pleaded guilty to or been found guilty of a criminal offence but been discharged absolutely or upon conditions prescribed in a probation order under any Act of the Parliament of Canada, or of the legislature of any province of Canada, or under the laws or ordinances of any territory of Canada, or under the laws of any jurisdiction outside of Canada;

☐ Yes ☐ No

(i) In answering the above question you may answer No if the proceeding(s) in which you were involved arose out of your operation of a motor vehicle and no penalty other than a fine or demerit points was imposed.

(ii) if your answer to the above question is Yes, please provide full details on a separate sheet.

I. PLEASE COMPLETE THE FOLLOWING DECLARATIONS:

IN THE MATTER OF:

The application of _____ for the readmission to membership in the Institute of Chartered Accountants of Ontario.
(Full name – please print)

I, _____ DECLARE THAT
(Full name – please print)

1. On or about _____, _____, I ceased to be a member of the Institute for the following reason (check one):
month / day year

- ☐ (a) I resigned from the Institute while a member in good standing.
- ☐ (b) my membership in the Institute was terminated for non-payment of fees, charges or assessments, or failure to provide a compliance declaration for the prescribed continuing professional development or professional liability insurance coverage or a signed declaration of exemption from the requirement.
- ☐ (c) I was expelled from membership in the Institute, or was permitted to resign, by order of the discipline or appeal committee.

2. Since the date of my resignation, termination or expulsion (check one):

- ☐ (a) I have not, to the best of my knowledge and belief, engaged in conduct that, if engaged in by a member of the Institute, could reasonably be considered a violation of the rules of professional conduct or provisions of the Public Accounting Act, 2004.
- ☐ (b) I have engaged in conduct that, if engaged in by a member of the Institute, could reasonably be considered a violation of the rules of professional conduct (give particulars on a separate sheet).

3. ☐ **I COMPLY** with the three-year requirement of 120 hours by December 31, past, at least 60 hours of which must be verifiable CPD. Please attach CPD Log to this application.

4. I understand that if I am readmitted to membership, and it is thereafter determined that this declaration is false or misleading, by reason of my failure to specify herein conduct which I know or should know was conduct that, if engaged in by a member of the Institute, could reasonably be considered a violation of the rules of professional conduct or provisions of the Public Accounting Act, 2004, then upon such finding my readmission to membership shall be revoked.

I hereby apply for readmission to membership in the Institute. I have read The Chartered Accountants Act and the bylaws, regulations and rules of professional conduct passed pursuant to the Act. I agree that if readmitted to membership, the Act and the bylaws, regulations and rules of professional conduct of the Institute, as existing from time to time, will govern the relations between me and the Institute.

I understand that the information provided herein is essential to the Institute's determining my suitability for readmission to membership. Accordingly, it is provided with the utmost good faith and with the knowledge that it will be so used and relied upon by the Institute. I also understand that any false or misleading statement contained in my application for readmission to membership may be used by the Institute in any proceeding respecting the validity of my application or my membership in the Institute.

_____ X _____ _____
Print Name Signature Date