

Institute of Chartered Professional Accountants of Saskatchewan 101 4581 Parliament Avenue REGINA SK S4W 0G3 T: 306.359.0272 www.cpask.ca

2026 MEMBER LICENCE CANCELLATION REQUEST FORM

A. CONTACT INFORMATION	
Member Name:	Member ID:
Firm Name:	
Effective Licence Cancellation Date: (the date you have ceased or intend to cease professional accounting services)	
B. REASON FOR CANCELLATION REQUEST (select all that apply):	
□ I (will) no longer carry out professional accounting services at my firm as of the effective date noted above.	☐ My firm (will) no longer carry out professional accounting services as of the effective date noted above.
☐ I have changed employers and will no longer carry out any professional accounting services with my new employer as of the effective date noted above.	☐ I (will) no longer reside in SK / I am a licensed member of another CPA body where I (will) reside as of the effective date noted above (indicate which CPA body):
☐ Other. Please specify (attach if necessary):	
Unless otherwise noted, your membership registration is not affected by your licence cancellation and continues to remain in good standing. If applicable, unless otherwise noted, your firm registration remains in good standing and allows you to continue to practice in other regulated services¹ after the effective date. Email licensing@cpask.ca if you require any adjustment to the list of services available by your firm.	
C. ACKNOWLEDGEMENTS AND STATUTORY DECLARATION	
☐ I am familiar with the provisions relating to licence cancellation within the Bylaws and Rules of the Institute of Chartered Professional Accountants of Saskatchewan as defined in Regulatory Bylaws 33.7 and 33.8 and Regulatory Board Rules 333.17 through to 333.20.	
☐ I confirm that my professional accounting licence is cancelled on the effective date noted above and I (and my firm, as applicable) will no longer authorize the issuance of any assurance engagement reports, financial reporting opinions and/or compilation engagement reports (as applicable, based on the type of licence held) in Saskatchewan.	
☐ I understand the licence cancellation(s) will be published as a voluntary licence cancellation in the Institute's firm newsletter and the Institute's website for the period of time as established by Rule 334.7.	
☐ I understand the requirement that I will no longer display my member licence and firm licence (as applicable) or refer to holding a valid professional accounting licence in Saskatchewan.	
☐ I acknowledge that I will provide communication in writing to all applicable clients within 30 days of the effective date noted above indicating that I am discontinuing all professional accounting services with them.	
☐ I acknowledge that the designated practice leader of my firm (as applicable) will be advised of my member licence cancellation in accordance with Regulatory Bylaw 34.5.	
□ I acknowledge that if I authorize an assurance engagement report, a compilation engagement report, and/or issue a financial reporting opinion in Saskatchewan after the effective date noted above and I have not re-applied and been approved for an appropriate licence, I may be subject to a fine of \$1,000 per report issued, up to \$3,000 (plus GST) and a Registrar's Directive or further consequences.	
I make this solemn declaration conscientiously believing it to be true and knowing that making a false declaration is professional misconduct under <i>The Accounting Profession Act</i> .	
Signature of Applicant	Date (mm/dd/year)

¹Other regulated services means any of the following professional services: accounting services; bankruptcy and insolvency trusteeship or administration; engagement quality reviews; finance services; forensic accounting; management accounting; and taxation services; and does not include the practice of professional accounting.