

INSTITUTE OF THE CHARTERED ACCOUNTANTS OF THE NORTHWEST TERRITORIES

FORM 2 - APPLICATION FROM AN EXTRA-TERRITORIAL LLP FOR AN LLP PERMIT

(Under Section 13 of the Bylaws of the Institute of Chartered Accountants of the Northwest Territories)

This is an application by _____ a partnership which the partners intend to register as an Extra-Territorial Limited Liability Partnership (LLP). The partners seek certification by the Institute of Chartered Accountants of the Northwest Territories of the proposed LLP. The address of the LLP is:

Name: _____

Address: _____

Telephone: _____ Fax _____

1. The following members of the Institute of Chartered Accountants of the Northwest Territories are partners in the LLP.

Full Name	Roll #

[If this space is insufficient, please add additional sheets as annexes to this form.]

2. The applicants who have affixed their signature to this application are authorized by the LLP to do so.
3. Enclosed with this application is proof of registration of the LLP in every other jurisdiction in which it is registered.
4. The LLP intends to apply for registration with the Government of the Northwest Territories as an extra-Territorial LLP pursuant to Part III of the *Partnership Act* and will inform the Institute in writing if it does not do so within 30 days.
5. Each of the persons who will carry on the practice of a chartered accountant in the Northwest Territories on behalf of the partnership is a member of the Institute of Chartered Accountants of the Northwest Territories.

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- 6. The partnership will inform the Secretary of the Institute of Chartered Accountants of the Northwest Territories of any additions or deletions from the list of partners in the LLP and will do so before or immediately after the addition or deletion takes place.
- 7. The name and address (business and residential) of the partner who is designated as the representative of the partnership in respect of matters relating to the partnership is:

Name: _____

Business Address: _____

Residential Address: _____

Business Telephone: _____

Business Fax _____

Dated at _____, _____ on _____, 20____.

_____ (Limited Liability Partnership)

_____ (Partner Signing on behalf of the LLP)

Secretary's Certificate

I certify that the LLP named in this application has registered with the Institute of Chartered Accountants of the Northwest Territories, that the partners in the LLP who are members of the Institute of Chartered Accountants of the Northwest Territories are covered by liability insurance in the form and amount required for that purpose by the Bylaws of the Institute of Chartered Accountants of the Northwest Territories, and that the partnership and the partners meet all other eligibility requirements for practice as an LLP that have been imposed by the Executive pursuant to the *Institute of Chartered Accountants Act*.

Date: _____

Secretary or Designate
Institute of Chartered Accountants of the Northwest Territories