

**INSTITUTE OF THE CHARTERED ACCOUNTANTS OF THE NORTHWEST TERRITORIES**

**FORM 1 - APPLICATION FROM A NORTHWEST TERRITORIES 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 a Northwest Territories 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: \_\_\_\_\_

Business: \_\_\_\_\_

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. The LLP intends to apply for registration with the Government of the Northwest Territories as a Northwest Territories 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.
4. Each of the persons who will be members of the partnership and who hold themselves out as chartered accountants is a member of the Institute.
5. The partnership will inform the Secretary of the Institute of any additions or deletions from the list of partners in the partnership and will do so before or immediately after the addition or deletion takes place.

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6. 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