

Member Number:

Chartered Professional Accountants of Ontario 130 King Street West Suite 3400 PO Box 358 Toronto ON M5X 1E1 T. 416 962.1841 Toll free 1 800 387.0735

cpaontario.ca

Admission to Membership -Referee's Recommendation 1

Two referee's recommendations are required.

Re: (Print applicant's name) You have been asked to provide a character reference for the above-named applicant for admission to membership. Please complete and return this form to the applicant who will submit this form with his/her online application. CPA Ontario may contact you to verify the information provided on this form. I am a member in good standing with: (Name of provincial body) I have known the applicant, who is not related to me, for years. I attest that (check boxes): I have found this applicant to be of good moral character and integrity; and I know of no reason why membership with CPA Ontario should not be granted. Please add below any comments which you believe would help in evaluating this application: Full name of referee (please print) Signature Date (mm/dd/yyyy)



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Admission to Membership – Referee's Recommendation 2

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Re: (Print applicant's name) You have been asked to provide a character reference for the above-named applicant for admission to membership. Please complete and return this form to the applicant who will submit this form with his/her online application. CPA Ontario may contact you to verify the information provided on this form. I am a member in good standing with: (Name of provincial body) I have known the applicant, who is not related to me, for years. I attest that (check boxes): I have found this applicant to be of good moral character and integrity; and I know of no reason why membership with CPA Ontario should not be granted. Please add below any comments which you believe would help in evaluating this application: Full name of referee (please print) Signature Date (mm/dd/yyyy)