

## ACCOUNTING AND FINANCIAL REPORTING COUNCIL

### APPLICATION FOR DE-REGISTRATION OF A CPA FIRM (FORM FIRM-4)

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**IMPORTANT:**

**Personal Data (Privacy) Ordinance:** The information requested in this application form may include personal data as defined in the Personal Data (Privacy) Ordinance (Cap. 486). Please refer to the "[Personal Information Collection Statement](#)" which sets out the policies and practices of the Accounting and Financial Reporting Council ("AFRC") with regard to any personal data provided.

The requirements and procedures for the application for de-registration of a CPA firm are set out in the "[Guide for the Registration of Firm Names and Firms](#)" ("Guide"). Please read the Guide before completing this notification form.

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**SUBMISSION OR ENQUIRIES:**

The completed application form should be sent with all supporting documents by post to the AFRC:

Policy, Registration and Oversight Department  
Accounting and Financial Reporting Council  
10/F, Two Taikoo Place  
979 King's Road, Quarry Bay  
Hong Kong

For any enquiry, please contact the AFRC at +852 3586 7800 or e-mail [registration@afrc.org.hk](mailto:registration@afrc.org.hk).

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**Section 1 – Name of CPA firm**

English name: \_\_\_\_\_

Chinese name, if any: \_\_\_\_\_

CPA firm registration no.: \_\_\_\_\_

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**Section 2 – Sole practitioner / partners**

*This Form must be signed by the sole practitioner / all partners (including practising and non-practising partner(s)) of the CPA firm.*

<u>Full name in BLOCK letters</u>	<u>Practising Certificate no.</u>	<u>HKICPA Membership no.</u>	<u>Personal signature</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*(Please use separate sheet, if necessary, duly signed by the senior partner with the CPA firm registration no. on each of the sheet(s) attached. Total no. of sheet(s) attached \_\_\_\_\_.)*

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**Section 3 – Declaration and undertaking**

- I hereby, for and on behalf of the CPA firm, whose partner(s) are named and whose particulars are provided in this application:
- confirm that it is my / our intention to cease to practise under the firm name specified in section 1 of this application with effect from \_\_\_\_\_ (dd/mm/yyyy).
  - confirm that all partners of the CPA firm are aware that the firm name specified in section 1 of this application will be removed from the AFRC's register of CPA firms upon the AFRC's approval of this application.
  - declare that the information provided in this application is true and complete to the best of my knowledge and belief.
  - waive all claims against the AFRC for any loss or damage the CPA firm may suffer arising from this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature of the sole practitioner/senior partner of the CPA firm) (dd/mm/yyyy)*

Full name in BLOCK letters of the sole practitioner / senior partner: \_\_\_\_\_ Practising certificate no.: \_\_\_\_\_

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