

**THE INSTITUTE OF CHARTERED ACCOUNTANTS OF NEWFOUNDLAND AND LABRADOR**

**FINANCIAL AND MEDICAL WAIVER REQUEST 2010-11**

(Private and Confidential)

Name

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Address

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Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**CONFIDENTIAL REQUEST FOR DEFERRAL/WAIVER OF ANNUAL MEMBERSHIP FEE FOR YEAR ENDING MARCH 31, 2011**

Request No: \_\_\_\_\_ Status of previous request(s): \_\_\_\_\_ Year(s) Granted \_\_\_\_\_  
Status of previous request(s): \_\_\_\_\_ Year(s) Denied \_\_\_\_\_

I understand that the CEO has the responsibility of ensuring that fee waivers are granted only for such reasons as members generally would approve so that the integrity of the fee system is maintained. I also understand that the CEO takes into account all financial circumstances including revenues and obligations on a family basis.

All deferral/waiver applications should be submitted prior to May 1, 2010 to avoid late payment penalties.

Deferral/waiver consideration

- The Chief Executive Officer will review all applications.
- Upon denial, an applicant will be notified by mail and advised of a date to pay without penalty.
- Requests are reconsidered by the Chief Executive Officer should additional information become available.
- In cases where a request is denied, an applicant may make a written appeal to the Board of CA Newfoundland and Labrador.
- Waivers will be limited to a maximum of three years.

**TO THE CHIEF EXECUTIVE OFFICER:**

I hereby request a waiver of my annual membership fee, due to financial hardship.

Please provide details:

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**BASIS OF REQUEST:**

1. **Financial Conditions and Prospects (Please complete Pages 2 – 5 and Page 7)**
2. **Medical Disability (Please complete Page 6 and 7)**

Mail to:  
**Chartered Accountants of Newfoundland and Labrador**  
Attn: Chief Executive Officer, Private & Confidential  
Suite 501, 95 Bonaventure Avenue  
St. John's, NL A1B 2X5

1. **FINANCIAL CONDITION AND PROSPECTS**

a. **Employment information**

i. I am employed by \_\_\_\_\_ in the capacity of \_\_\_\_\_.

ii. I have been out of full-time employment since (date) \_\_\_\_\_.

Reason for leaving \_\_\_\_\_

iii. I was formerly employed with \_\_\_\_\_ in the capacity of \_\_\_\_\_  
 at an annual salary of \$ \_\_\_\_\_ gross (& net if applicable) \_\_\_\_\_.

iv. I have/had per diem/part-time employment since (date) \_\_\_\_\_. Please provide details

\_\_\_\_\_  
 \_\_\_\_\_

v. I am/have been self-employed since (date) \_\_\_\_\_, earning \$ \_\_\_\_\_ gross (&  
 net if applicable) \_\_\_\_\_.

b. **Family Dependants**

Marital Status \_\_\_\_\_

Number of dependent children (please indicate ages) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Other dependants supported by me (please include relationship)

\_\_\_\_\_  
 \_\_\_\_\_

c. **Financial Prospects**

Estimate of when current economic circumstances might improve.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

d. **Family Net Worth** (as at current date \_\_\_\_\_)

i. Total family assets (current value):

Savings \$ \_\_\_\_\_

Capital stock and other securities  
(estimated market value) \$ \_\_\_\_\_

Vehicle \$ \_\_\_\_\_

Owned residence and household furnishings \$ \_\_\_\_\_

Real estate \$ \_\_\_\_\_

Other (please specify)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

ii. Total family liabilities: \$ \_\_\_\_\_

Mortgages \$ \_\_\_\_\_

Loan(s) Please indicate repayment terms  
\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Other (please specify)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_

**Family Net Worth** \$ \_\_\_\_\_

e. **Expected Family Net Income** (April 1, 2010- March 31, 2010)

i. Total family income:

Salary/earnings from full-time and part-time/per Diem employment (gross) \$ \_\_\_\_\_

Spouse's (includes common-law) salary/earnings from full-time and part-time/per Diem employment (gross) \$ \_\_\_\_\_

Self-employment income/earnings - please provide separate financial statements \$ \_\_\_\_\_

Other sources of annual family income:

- disability benefits \$ \_\_\_\_\_
  - employment insurance benefits \$ \_\_\_\_\_ to cease (date) \_\_\_\_\_
  - pension benefits \$ \_\_\_\_\_
  - property and investment income \$ \_\_\_\_\_
  - other (please specify) \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

Total family income \$ \_\_\_\_\_

ii. Family financial obligations:

- Mortgage/rent payments \$ \_\_\_\_\_
  - Utilities and other household expenses \$ \_\_\_\_\_
  - Transportation \$ \_\_\_\_\_
  - Unreimbursed medical expenses \$ \_\_\_\_\_
  - Clothing \$ \_\_\_\_\_
  - Income taxes \$ \_\_\_\_\_
  - Other (please specify) \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

Total family financial obligations \$ \_\_\_\_\_

**Family Net Income** \$ \_\_\_\_\_

**f. Club and Society Memberships**

Please list name and annual dues

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

2. **MEDICAL DISABILITY** If financial hardship is caused by medical disability, please complete this following section. Please attach a letter from your doctor briefly describing the medical disability in general terms.

a. Nature and relevant date in respect of medical disability

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b. How long is the condition expected to continue?

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c. Details of medical disability insurance

- insurance benefit commenced (date) \_\_\_\_\_
- insurance benefit to cease: (date) \_\_\_\_\_
- monthly benefit: \_\_\_\_\_

3. **OTHER RELEVANT INFORMATION**

I am a member of the following provincial institutes/ordre and received a fee waiver in the following years:

_____	_____
_____	_____
_____	_____

Other information that I believe to be relevant to the waiver application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby confirm that the information provided in this application and any attached documents is true, correct, and complete to the extent of my knowledge. Further that I will immediately notify the Chief Executive Officer should the information change.

**I further undertake to voluntarily remit my full fees should my financial circumstances permit me to do.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail to:  
**Chartered Accountants of Newfoundland and Labrador**  
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