COLLEGE OF OPTOMETRISTS OF ONTARIO

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OPTOMETRY PROFESSIONAL CORPORATION CHANGE OF SHAREHOLDER(S) FORM

No other form or method of notice will be accepted

NAME OF CORPORATION:

_____ **Optometry Professional Corporation**

CERTIFICATE OF AUTHORIZATION NUMBER: _____

CORPORATION NUMBER: _____

If a shareholder added, this form must be accompanied by an UNDERTAKING FOR PROFESSIONAL CORPORATIONS form dated and signed by each new shareholder of the Corporation.

☐ ADD SHAREHOLDER(S):

Full name of new shareholder	College Registration Number	Director/Officer (please state)	Date became shareholder

☐ REMOVE SHAREHOLDER(S):

Full name of shareholder removed	College Registration Number	Director/Officer (please state)	Date shareholder removed

(President/Secretary)	College Registration Number	Email Address	Date

Please return to the College

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Mail: 900 - 65 St. Clair Avenue E, Toronto, Ontario M4T 2Y3
E-Mail: corporation@collegeoptom.on.ca