

Mail:

E-Mail:

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OPTOMETRY PROFESSIONAL CORPORATION CHANGE OF ADDRESS FORM

No other form or method of notice will be accepted

NAME OF CORPORATION:		
CERTIFICATE OF AUTHORIZATION NUMBER:		
OLD ADDRESS:		
Business address of Corpora	ation	
NEW ADDRESS: Business address of Corpora	ation	
Shareholder (President/Secretary)	College Registration #	Date
Please return to the College Fax number: 647 577 4271		

900 - 65 St. Clair Avenue E, Toronto, Ontario M4T 2Y3

corporation@collegeoptom.on.ca