

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 Corporation

NEW ADDRESS:

Business address of Corporation

Shareholder (President/Secretary)

College Registration #

Date

Please return to the College

Fax number: 647 577 4271

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

E-Mail: corporation@collegeoptom.on.ca