

65 St. Clair Avenue East Suite 900 Toronto, ON M4T 2Y3 T: 416.479.9295 TF: 1.833.402.4819 F: 647.577.4271 collegeoptom.on.ca

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	Date became shareholder
Full name of new shareholder		College Registration Number	Date became shareholder
REMOVE SHAREHOLDER(S):			
Full name of shareholder removed		College Registration Number	Date shareholder removed
Full name of shareholder removed		College Registration Number	Date shareholder removed
(President/Secretary)		College Registration N	umber Date
Please return to the CollegeFax number:647 577 4271Mail:900 - 65 St. Clair Avenue E, Toronto, Ontario M4T 2Y3E-Mail:corporation@collegeoptom.on.ca			