

**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):**

\_\_\_\_\_ **College Registration Number** \_\_\_\_\_ **Date became shareholder**

\_\_\_\_\_ **College Registration Number** \_\_\_\_\_ **Date became shareholder**

**REMOVE SHAREHOLDER(S):**

\_\_\_\_\_ **College Registration Number** \_\_\_\_\_ **Date shareholder removed**

\_\_\_\_\_ **College Registration Number** \_\_\_\_\_ **Date shareholder removed**

\_\_\_\_\_ **College Registration Number** \_\_\_\_\_ **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