

FORM

Application for Corporate Name Change

Privacy and Security

The information you provide here relates to the operations of the College of Naturopathic Physicians of British Columbia (the "College") under the *Health Professions Act* of British Columbia for the purpose of regulating the practice of naturopathic medicine in British Columbia. As a public body under the provisions of the *Freedom of Information and Protection of Privacy Act (FOIPPA)*, the College provides security and confidentiality of your personal information.

Corporation Information		
Current Name of Corporation:	Incorporation Number: BC _ _ _ _ _	
Intended Name of Corporation:		
Primary Business Address:		
City:	Prov/Terr:	Postal Code:
Telephone:	Fax:	Email:
Web Address:		

List any additional addresses where the Corporation carries on the business of providing the services of naturopathic medicine. (To report a new location or update location information, please attach a separate *Places of Practice Information Form* to this application.)

Applicant Information		
Given name(s):	Registrant Number:	
Surname:		
Class of Registration: <input type="checkbox"/> Full (Practising) <input type="checkbox"/> Temporary <input type="checkbox"/> Non-Practising <input type="checkbox"/> Former		
Mailing Address:		
City:	Province/Territory:	Postal Code:
Telephone:	Fax:	Email:

Shareholder Information	
Names of all registrants who are or will be <u>voting</u> shareholders of the Corporation or any holding company as defined under section 40.1 of the <i>Health Professions Act of British Columbia</i>	
Names of all registrants who are or will be <u>non-voting</u> shareholders of the Corporation or any holding company as defined under section 40.1 of the <i>Health Professions Act of British Columbia</i> IF NOT APPLICABLE, PLEASE INDICATE	

Application Checklist – In support of this application, please attach the following:

- Corporate name change fee of \$10.00, payable to the ***‘College of Naturopathic Physicians of British Columbia’***

Applicant Attestation (required):

I, _____, declare that:
Name of Applicant

I have read sections 94 and 95 of the Bylaws of the College, and certify that the proposed Corporation name specified herein complies with all applicable requirements under those sections.

- Yes No

I certify that the information contained in this application is true, complete, and accurate to the best of my knowledge.

- Yes No

Applicant’s Signature

Date Applied (yyyy/mm/dd)

Date Approved (yyyy/mm/dd)

Please check the box to indicate the method of payment, and enclose payment if applicable.

Bank Draft/Money Order

Cheque

Visa/MC Account # _____ Expiry: (mm) _____ (yyyy) _____

Security # (three digit number on back of card) _____

Applicant's Signature

Date (yyyy/mm/dd)