



# Notice of Change of Shareholders Form

Members are required to submit this form to the College when there are changes to the status of shareholders in their Health Profession Corporation (within 30 days of the change).

This form can be filled out **electronically** or by hand.

### Name of the Health Professional Coporation:

On behalf of the Corporation, \_\_\_\_\_ I, \_\_\_\_\_, \_\_\_\_\_  
(Certificate of Authorization No.) (Print name of Director) (Certificate of Registration #)

being a Director of the above Corporation with legal authority to bind the Corporation, do hereby provide Notice to the College of Denturists of Ontario on the Corporation's behalf of the following changes to the Shareholder(s) of the Corporation.

### Removed Member Shareholders:

1. \_\_\_\_\_, [Certificate of Registration #] \_\_\_\_\_  
[insert full name of former shareholder] \_\_\_\_\_  
ceased to be shareholder on the \_\_\_\_\_  
[mm/dd/yyyy]

2. \_\_\_\_\_, [Certificate of Registration #] \_\_\_\_\_  
[insert full name of former shareholder] \_\_\_\_\_  
ceased to be shareholder on the \_\_\_\_\_  
[mm/dd/yyyy]

### New Member Shareholders:

1. \_\_\_\_\_, [Certificate of Registration #] \_\_\_\_\_  
[insert full name of new shareholder] \_\_\_\_\_  
became a shareholder on \_\_\_\_\_ This member shareholder is a Director? Yes No  
[mm/dd/yyyy]

2. \_\_\_\_\_, [Certificate of Registration #] \_\_\_\_\_  
[insert full name of new shareholder] \_\_\_\_\_  
became a shareholder on \_\_\_\_\_ This member shareholder is a Director? Yes No  
[mm/dd/yyyy]

Director's Signature

Date (mm/dd/yyyy)

Please submit the completed form to the CDO by one of the following methods:

**By Email:** [info@denturists-cdo.com](mailto:info@denturists-cdo.com)  
Attn: Health Profession Corporation

**By Mail:**  
College of Denturists of Ontario  
Attn: Health Profession Corporation  
365 Bloor Street East, Suite 1606  
Toronto, ON M4W 3L4

**By Fax:** 416-925-6332  
Attn: Health Profession Corporation