



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 Corporation:

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

New Member Shareholders:

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

Director's Signature

Date (mm/dd/yyyy)

Please submit the completed form by email to: info@denturists-cdo.com