

## Renewal of Health Profession Corporation Permit Application

### 1. Corporate Information

Name of Corporation:

Permit Number:

Street Address Line 1:

Street Address Line 2:

City:

Province: BC

Postal Code:

Telephone:

E-mail:

Website:

### 2. SHAREHOLDER INFORMATION

Have there been any changes in the shareholding of the corporation? No  Yes

If yes, detail the changes in the table below:

Shareholder	RMT No.	Email Address of shareholder	No. of Shares	Acquired by Allotment, Conversion or Transfer	If acquired by Transfer, from whom were shares transferred.

### 3. DIRECTORS AND OFFICERS

Have there been any changes in the designated person, officers and directors of the corporation No                      Yes

If yes, please detail changes in the table below.

RMT	RMT No.	Position- Designated Officer, President, Director	Date of Appointment

### 4. DECLARATIONS BY DESIGNATED PERSON:

The company is an existing company and is, with respect to the filing of returns, in good standing under the Business Corporations Act of British Columbia;

The company does not carry on any activities other than the provision of massage therapy services or services that are directly associated with the provision of massage therapy services;

None of the shareholders of the company have entered into a voting trust agreement proxy or any other type of agreement that vests in another person who is not a registrant qualified to hold shares in the company the authority to exercise the voting rights attached to any or all of the shares;

The registrants delivering massage therapy services to the public through this company are all in good standing with the College and observe the Code of Ethics and Standards of Practice set out in Schedule "D";

I have personal knowledge of the declarations contained in this application and of the information I have added in completing this application, and I declare that the declarations and information are true, accurate, and complete.

**Signature of designated person**

**Date**