



## DECLARATION OF TRANSFERRING CONTROLLING INTEREST

To *transfer* controlling interest of an approved place of practice to another registrant (or registrants), the **transferring registrant(s)** must complete Section A. To *receive* controlling interest of the place of practice, the **recipient registrant(s)** must complete Section B *and* the Place of Practice – Request for Name Approval form.

### SECTION A

To be completed by Transferring Registrant(s)

**I/We:**

<p>(1)</p> <p>_____</p> <p style="text-align: center;">Full name</p> <p>_____</p> <p style="text-align: center;">Registration No.</p> <p>_____</p> <p style="text-align: center;">Signature</p> <p>_____</p> <p style="text-align: center;">day/month/year</p>		<p>(2)</p> <p>_____</p> <p style="text-align: center;">Full name</p> <p>_____</p> <p style="text-align: center;">Registration No.</p> <p>_____</p> <p style="text-align: center;">Signature</p> <p>_____</p> <p style="text-align: center;">day/month/year</p>
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**hereby declare, effective** \_\_\_\_\_, **that I am/we are transferring controlling interest of:**

(Name) \_\_\_\_\_  
Approved place of practice name

(Address) \_\_\_\_\_  
Approved place of practice address

**to:**

(1) **and** (2)

<p>_____</p> <p style="text-align: center;">Full name</p> <p>_____</p> <p style="text-align: center;">Registration No.</p>		<p>_____</p> <p style="text-align: center;">Full name</p> <p>_____</p> <p style="text-align: center;">Registration No.</p>
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### SECTION B

To be completed by Recipient Registrant(s), in addition to the Place of Practice – Request for Name Approval form

**I/We:**

<p>(1)</p> <p>_____</p> <p style="text-align: center;">Full name</p> <p>_____</p> <p style="text-align: center;">Registration No.</p> <p>_____</p> <p style="text-align: center;">Signature</p> <p>_____</p> <p style="text-align: center;">day/month/year</p>		<p>(2)</p> <p>_____</p> <p style="text-align: center;">Full name</p> <p>_____</p> <p style="text-align: center;">Registration No.</p> <p>_____</p> <p style="text-align: center;">Signature</p> <p>_____</p> <p style="text-align: center;">day/month/year</p>
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**hereby declare, effective** \_\_\_\_\_, **that I/we will have controlling interest of:**

(Name) \_\_\_\_\_  
Approved place of practice name

(Address) \_\_\_\_\_  
Approved place of practice address