



FORM 15: BC OPTOMETRIC CORPORATION PERMIT APPLICATION

PART A

Applicant name: _____ Registration No. _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Fax: _____

Email: _____

Applicant name: _____ Registration No. _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Fax: _____

Email: _____

Applicant name: _____ Registration No. _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Fax: _____

Email: _____

Applicant name: _____ Registration No. _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Fax: _____

Email: _____

If you require additional space, please add another page.



PART B

I/We, the applicant(s), apply:

(Choose **one** of the following)

- to incorporate a new optometric corporation

Proposed name of new optometric corporation:

 Hereinafter referred to as the "Corporation"

- to continue an optometric corporation incorporated under the laws of another province

Name of original corporation: _____

Original province of incorporation: _____

Proposed name of corporation in British Columbia: _____

 Hereinafter referred to as the "Corporation"

- to continue an optometric corporation incorporated under the laws of another province and extra-provincially registered in British Columbia

Name of original corporation: _____

Original province of incorporation: _____

Name of corporation extra-provincially registered in BC: _____

Proposed name of corporation in British Columbia: _____

 Hereinafter referred to as the "Corporation"

- to form an optometric corporation by way of an amalgamation

Names of corporations to be amalgamated: _____

Proposed name of amalgamated corporation: _____

 Hereinafter referred to as the "Corporation"

- to change the name of an optometric corporation

Name of corporation to be changed: _____

Proposed new name of corporation: _____

 Hereinafter referred to as the "Corporation"

- to join an optometric corporation

Name of existing optometric corporation to be joined: _____

 Hereinafter referred to as the "Corporation"

- for restoration of an optometric corporation permit following revocation or dissolution of a former permit

Reason for revocation or dissolution of original permit: _____

Name of optometric corporation: _____

 Hereinafter referred to as the "Corporation"



Intended place of practice: _____

Existing place(s) of practice for which approval has previously been given to the applicant(s):

I am/We are applying under the *Health Professions Act* (the “Act”) to the College of Health and Care Professionals of British Columbia for my/our optometric corporation permit so that the Corporation may carry on the business of providing optometric services to the public.

PART C

I/We declare that:

1. **Registration:** I am a registrant/We are registrants in good standing of the College of Health and Care Professionals of British Columbia (CHCPBC).
2. **Voting shares:** All of the issued voting shares of the corporation are/will be legally and beneficially owned by individuals who are qualified to own such shares pursuant to Section 43 of the Act.
3. **Non-voting shares:** All of the issued non-voting shares of the corporation are/will be legally and beneficially owned by individuals who are qualified to own such shares pursuant to Section 43(1) (d) of the Act.
4. **Shareholders:** The proposed shareholders of the corporation are/will be:

Shareholder name: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Shares (number and class) – Voting/non-voting: _____

CHCPBC Registration Number: _____ Relationship to applicant: _____
(if voting) (if non-voting)

Shareholder details continue on next page.



Shareholder name: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Shares (number and class) – Voting/non-voting: _____

CHCPBC Registration Number: _____ Relationship to applicant: _____
(if voting) (if non-voting)

Shareholder name: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Shares (number and class) – Voting/non-voting: _____

CHCPBC Registration Number: _____ Relationship to applicant: _____
(if voting) (if non-voting)

Shareholder name: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Shares (number and class) – Voting/non-voting: _____

CHCPBC Registration Number: _____ Relationship to applicant: _____
(if voting) (if non-voting)

If you require additional space, please add another page.



5. **Directors and Officers:** The proposed directors of the optometric corporation are/will be registrants of the College and are qualified to be directors pursuant to Section 43 of the Act. The directors and officers are as follows:

Directors: _____

Officers: _____

6. **Individuals practicing:** The only individuals who intend to practice optometry on behalf of the Corporation are the following registrants of the College:

Name: _____ CHCPBC Registration Number: _____

Name: _____ CHCPBC Registration Number: _____

7. **Activities of the Corporation:** The Corporation will not carry on any activities, other than the provision of optometric services or services that are directly associated with the provision of optometric services, that would, for the purposes of the Income Tax Act (Canada), give rise to income from business.
8. **Voting agreement:** None of the shareholders of the Optometric Corporation will enter 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 corporation, the authority to exercise the voting rights attached to any or all of the shares.
9. **Insurance:** The Optometric Corporation has arranged/will arrange to provide liability insurance of at least \$2,000,000 per occurrence per year for each registrant practising on behalf of the Corporation.
10. **Accuracy of application:** I/We have personal knowledge of the declarations contained in this application and of the information I/we have added in completing this form, and I/we declare that the declarations and information are accurate and complete.

Note: You are required to review and complete all aspects of the above declaration, including items 4, 5 and 6. If in doubt, please contact your lawyer, as College staff cannot assist you nor provide the answers.



AUTHORIZATION AND CERTIFICATION OF APPLICANT(S)

1. I/We have read, understood and met the provisions of Part 4 of the *Health Professions Act* and Schedule 27, Part 1 of the Bylaws of the College of Health and Care Professionals of British Columbia, and agree that I/we and the Corporation, and any related holding company and any related trust, will comply with and be bound by the provisions established therein.
2. I/We confirm that there are no outstanding fines, fees, debts, levies, costs, or penalties owed to the College at the time of this application.
3. I/We confirm that I/we have authorized my/our solicitor, whose details are set out in Schedule B of this application, to provide as part of this application all requisite documentation required under Part 4 of the Act and Schedule 27, Part 1 of the Bylaws. If, following the issuance of a permit, there is any change to the information provided by my solicitor to complete this application, I will inform the College immediately with full details of such change.
4. In the event that I/we have no solicitor acting on my/our behalf in this matter, I/we shall provide as part of this application all requisite documentation required under Part 4 of the Act and Schedule 27, Part 1 of the Bylaws. If, following the issuance of a permit, there is any change to the information provided by me/us to complete this application, I/we will inform the College immediately with full details of such change.
5. I/We authorize the College to make such enquiries as it considers appropriate in connection with this application.
6. I/We authorize the College to revoke any permit issued to the Corporation if it subsequently appears that I/we have, by omission or commission, given false or misleading information in respect of any question on this application form or have failed to notify the College prior or subsequent to the permit being granted of any change in the information provided.

Applicant signature: _____ Date: _____

Applicant signature: _____ Date: _____

Applicant signature: _____ Date: _____

Applicant signature: _____ Date: _____

Applicant signature: _____ Date: _____

If you require additional signatures, please add another page.

FOR OFFICE USE ONLY

Application approved

Application denied

Date: _____



SCHEDULE A – ACKNOWLEDGEMENT

IMPORTANT: This schedule is to be completed by every registrant who is a voting shareholder of the Corporation or a holding company that directly or indirectly owns a legal or beneficial interest in any voting share of the Corporation, as defined under Section 43 of the Act.

Corporation: _____

Holding company: _____
(if applicable)

Under the *Health Professions Act*, the liability for professional negligence is not affected by the fact that a registrant is practising optometry as an employee of a health profession corporation.

The fact that I/we will be practising on behalf of a corporation does not in any way affect, modify or diminish the application of the *Health Professions Act*, *Optometrists Regulation*, or Bylaws of the College.

The president of the optometric corporation, or their designate, must advise the College promptly in writing of any changes to the information contained in this permit application.

I/We confirm that I/we have personal liability coverage or protection as required by Bylaws.

Name: _____ CHCPBC Registration Number: _____

Signature: _____ Date: _____

Name: _____ CHCPBC Registration Number: _____

Signature: _____ Date: _____

Name: _____ CHCPBC Registration Number: _____

Signature: _____ Date: _____

Name: _____ CHCPBC Registration Number: _____

Signature: _____ Date: _____

Name: _____ CHCPBC Registration Number: _____

Signature: _____ Date: _____



SCHEDULE B – CERTIFICATE OF SOLICITOR

I/We, _____,
confirm that I/we act as the registered and records office of a company to be incorporated under the name _____ ("the Corporation") and that upon organization of the Corporation, but before the Corporation commences business, I/we will deliver to the College of Health and Care Professionals of British Columbia all documents and information required by the College for the purpose of this application.

I/We confirm that, to the best of my/our knowledge and belief, the Corporation, any related holding company and any related trust will be in compliance with the provisions of Part 4 of the Act and Schedule 27, Part 1 of the Bylaws, and that the Articles of the Corporation and any related holding company will contain a provision that the company is subject to Part 4 of the Act and Schedule 27, Part 1 of the Bylaws.

I/We will report to the College any changes to the Information contained herein, attached or subsequently provided to complete this application, or while I/we am/are retained to act for the Corporation.

Signature: _____ Date: _____

Full name, if applicable: _____

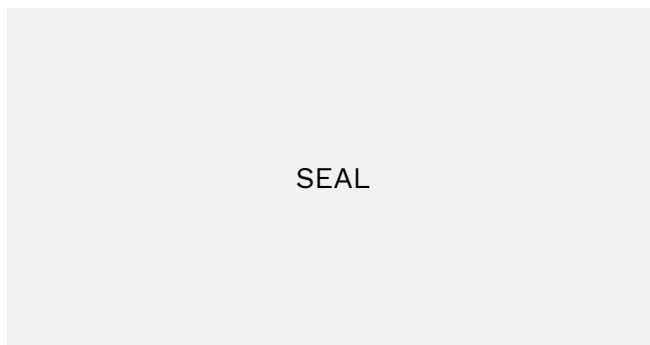
authorized to sign on behalf of

Name of Company/Law Corporation: _____

Mailing address: _____

City: _____

Province: _____ Postal code: _____



Notary seal is required for processing.



SCHEDULE C – CERTIFICATE OF APPLICANT

I/We, _____,
confirm that I/we will act as the registered and records office of a company to be incorporated under the
name _____ ("the Corporation")
and that upon organization of the Corporation, but before the Corporation commences business, I/we will
deliver to the College of Health and Care Professionals of British Columbia all documents and information
required by the College for the purpose of this application.

I/We confirm that, to the best of my/our knowledge and belief, the Corporation, any related holding company
and any related trust will be in compliance with the provisions of Part 4 of the Act and Schedule 27, Part 1 of
the Bylaws, and that the Articles of the Corporation and any related holding company will contain a provision
that the company is subject to Part 4 of the Act and Schedule 27, Part 1 of the Bylaws.

I/We will report to the College any changes to the Information contained herein, attached or subsequently
provided to complete this application, or while I/we am/are retained to act for the Corporation.

Signature: _____ Date: _____

Full name, if applicable: _____

Mailing address: _____
of the registered and records office

City: _____ Province: _____ Postal code: _____