



TRUST UNDERTAKINGS

IN THE MATTER of the proposed or existing professional corporation,

_____ (the “Corporation”),
Corporation

the following information and request are provided to the College of Health and Care Professionals of British Columbia (the “College”) in relation to

_____ (the “Trust”).
Trust

I, _____,
Name Registration No.

of _____, British Columbia, hereby give the
City

following irrevocable formal undertakings to the College, effective immediately:

I hereby propose that certain non-voting shares in the Corporation be held in trust by a trustee. I understand that, pursuant to section 43(1)(d)(ii) of the *Health Professions Act*, RSBC 1996, c.183 (the “HPA”), non-voting shares of the Corporation may be held in trust by a trustee who is a person resident in Canada and approved by the College, on behalf of a trust that complies with the requirements of section 43(1)(d)(ii) of the HPA.

I further understand that it is the College’s policy that such approval must be obtained in writing from the College.

Accordingly, I request written consent to the following person(s) holding non-voting shares in the Corporation as trustee(s):

1. Full name(s) and address(es) of proposed trustee(s):

2. Usual occupation or business of each trustee, and their relationship to me:



3. I confirm now, and at all times in the future, the following:
 - a. The Trust is governed by the laws of British Columbia or _____.
 - b. All the beneficiaries of the Trust are persons described in section 43(1)(c)(ii)(A) to (C) of the HPA, namely:
 - i. myself as a registrant of the College,
 - ii. my spouse, children, parents, siblings, or other of my relatives,
 - or
 - iii. persons who reside with me.
 - c. Currently and at no time in the future while the Corporation holds a valid permit issued under section 43 of the HPA, no beneficiary of the Trust is or will be a company or a trust.
 - d. The share certificate(s) of the shares held in trust clearly specifies:
 - i. the full name of the trustee,
 - ii. the name of the Trust,
 - iii. that the Trust is governed by the laws of British Columbia or _____,
and
 - iv. the name of the beneficial owner (if held in a bare trust).
4. I attach herewith, as Appendix A to these undertakings, a true copy of the executed Trust Agreement or Settlement of the Trust, listing the beneficiaries of the Trust.
5. I authorize the College to notify any other person or body whom the College, in its sole discretion, considers it appropriate to provide notice of these undertakings.
6. I agree that, upon enquiry or request to the College, or at its discretion, the College may provide details of the requirements of these undertakings.
7. I agree that any breach of these undertakings may constitute unprofessional conduct and may result in a disciplinary action under the HPA. I further acknowledge that these undertakings would be admissible at such a disciplinary action.
8. I understand and agree that I have voluntarily entered into these undertakings with full awareness of my rights and responsibilities, and I have had the opportunity to seek independent legal advice with respect to those rights and responsibilities and the consequences of these undertakings.
9. I agree that these undertakings will remain in full force and effect until the College determines that they should be removed.



SIGNED AT _____, British Columbia,
City

this _____ day of _____, 20_____.
day month year

Signature of witness

Name of witness

Address

Occupation

Signature of optometrist

Name of optometrist

Registration number