

FORM 10
APPLICATION for APPROVAL OF PODIATRIC CORPORATION NAME

Applicant Name: (Must be a Full or with the Registrar's approval a Non-Practising registrant, and an authorized signatory for the Corporation)

Surname First Middle

Applicant's CPS-BC Registration Number:

Mailing Address of Applicant:

Street Address
City Province Postal Code
Phone Fax Email

Business Address of New Corporation: (if different from Applicant's above mailing address)

Street Address
City Province Postal Code
Phone Fax Email

Proposed Podiatry Corporation Name(s): 1.
2.

Reason for application: New podiatry corporation
Change of name of existing podiatry corporation
Restoration of corporation
Other (please specify on line below)

Names of all podiatrists who are or will be voting shareholders of the corporation or any holding company as defined under s. 40.1 of the Health Professions Act:

Names of all podiatrists who are or will be non-voting shareholders of the corporation or any holding company as defined under s. 40.1 of the Health Professions Act

Privacy and Security: The information you provide here relates to the operations of CPS-BC under the Health Professions Act for the purpose of regulating the practice of podiatry in British Columbia. As a public body under the provisions of the Freedom of Information and Protection of Privacy Act (FOIPPA), CPS-BC provides security and confidentiality of your personal information.

I, (name of applicant), have read sections 72,74 and 75 of the Bylaws of the CPS-BC, and certify that the proposed podiatric corporation name specified herein complies with all applicable requirements under those sections, and that the information contained in this application is true, complete, and accurate.

Signature of Applicant Date