

Application for Registration of a Professional Corporation and Application for Initial Permit

OFFICE OF THE REGISTRAR

Corporation Name:

Registered Office Address:

Mailing Address (if different from above):

Email Address for Notices to the Corporation:

Phone Number of the Corporation:

Application Checklist

- Complete all sections of this form in full with signed declarations
- Application & Permit Fees (\$350 + GST and \$150 + GST)
- Attach supporting documents:
 - Copy of articles of incorporation & any articles of amendment, continuance or amalgamation
 - Current certificate of status issued under The Corporations Act

Any future changes to information provided in this application must be submitted to MAO in writing within 15 days of the change.

On behalf of the corporation, I/we apply to the Manitoba Association of Optometrists (the "Association") for a permit so that the corporation may practise optometry in Manitoba.

1. List all registered members through whom the Corporation will practise optometry

registered member first name and surname

registered member first name and surname

registered member first name and surname

registered member first name and surname

2. President

president name

address, city and postal code

3. Directors

director name

address, city and postal code

director name

address, city and postal code

director name

address, city and postal code

director name

address, city and postal code



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4. Voting Shareholders

_____	_____	_____
<i>voting shareholder name</i>	<i>address, city and postal code</i>	<i>share class</i>
_____	_____	_____
<i>voting shareholder name</i>	<i>address, city and postal code</i>	<i>share class</i>
_____	_____	_____
<i>voting shareholder name</i>	<i>address, city and postal code</i>	<i>share class</i>
_____	_____	_____
<i>voting shareholder name</i>	<i>address, city and postal code</i>	<i>share class</i>
_____	_____	_____
<i>voting shareholder name</i>	<i>address, city and postal code</i>	<i>share class</i>

5. Non-Voting Shareholders

_____	_____	_____
<i>non-voting shareholder name</i>	<i>relationship to specified voting shareholder</i>	<i>share class</i>
_____	_____	_____
<i>non-voting shareholder name</i>	<i>relationship to specified voting shareholder</i>	<i>share class</i>
_____	_____	_____
<i>non-voting shareholder name</i>	<i>relationship to specified voting shareholder</i>	<i>share class</i>
_____	_____	_____
<i>non-voting shareholder name</i>	<i>relationship to specified voting shareholder</i>	<i>share class</i>
_____	_____	_____
<i>non-voting shareholder name</i>	<i>relationship to specified voting shareholder</i>	<i>share class</i>
_____	_____	_____
<i>non-voting shareholder name</i>	<i>relationship to specified voting shareholder</i>	<i>share class</i>

6. List all practice names and addresses where the Corporation will practise optometry

_____	_____
<i>practice name</i>	<i>address, city and postal code</i>
_____	_____
<i>practice name</i>	<i>address, city and postal code</i>
_____	_____
<i>practice name</i>	<i>address, city and postal code</i>
_____	_____
<i>practice name</i>	<i>address, city and postal code</i>
_____	_____
<i>practice name</i>	<i>address, city and postal code</i>

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7. List all dispensaries that the Corporation owns or in which the Corporation is a shareholder

<i>dispensary name</i>	<i>address, city and postal code</i>	<input type="checkbox"/> dispensary is incorporated
<i>dispensary name</i>	<i>address, city and postal code</i>	<input type="checkbox"/> dispensary is incorporated
<i>dispensary name</i>	<i>address, city and postal code</i>	<input type="checkbox"/> dispensary is incorporated
<i>dispensary name</i>	<i>address, city and postal code</i>	<input type="checkbox"/> dispensary is incorporated
<i>dispensary name</i>	<i>address, city and postal code</i>	<input type="checkbox"/> dispensary is incorporated

8. Voting Shareholder’s Declarations

I/we declare and certify that:

- I/we are current registered members of the Association and the voting shareholders of this professional corporation;
- this professional corporation is incorporated, formed by amalgamation or continued under *The Corporation Act, C.C.S.M. c. C225 (the “Corporations Act”)*, and is in good standing pursuant to the provisions of the *Corporations Act*;
- this professional corporation does not carry on and will not carry on any business or activity other than the practice of optometry and the provision of other services directly associated with that practice;
- **voting shares:** each voting share of the professional corporation as set out in Section 4 of this Application is legally and beneficially owned by one or more of the following:
 - members of the Association who hold valid certificates of registration; or,
 - professional corporations permitted under the Optometry Act;
- **non-voting shares:** each other share in the capital stock of the professional corporation as set out in Section 5 of this Application is legally and beneficially owned by:
 - a person who is a voting shareholder of the professional corporation;
 - a spouse, common-law partner or child, within the meaning of The Income Tax Act (Canada), of a voting shareholder of the professional corporation; or,
 - a professional corporation, each share of the capital stock of which is legally and beneficially owned by a person who is referred to in previous sub-paragraphs;
- **directors:** each director of the corporation as set out in Section 3 of this Application is a member of the Association holding a valid certificate of registration;
- **president:** the president of the corporation as set out in Section 2 of this Application is a member of the Association holding a valid certificate of registration;
- I/we understand that I/we are required to report to the Registrar within 15 days of any change in the articles or particulars of this professional corporation as provided in this initial application. I/we understand that failure to do so shall result in suspension or cancellation of the permit;

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- I/we will ensure that at all times this professional corporation shall keep, perform and abide by all requirements under *The Optometry Act and Regulation and By-Laws of the Manitoba Association of Optometrists*;
- I/we have read and are familiar with the provisions of *The Optometry Act and Regulation and By-Laws of the Manitoba Association of Optometrists*; and,
- the contents of this form are true and complete.

I/we understand and agree that if I/we make a false or misleading statement or representation in respect of this application, I/we shall be deemed not to have satisfied the requirements for a permit. I/we further understand and agree that if a permit should be issued to me based upon a false or misleading statement or representation that said permit is subject to immediate suspension.

	_____ date
_____ signature of voting shareholder	_____ printed name of voting shareholder
_____ signature of voting shareholder	_____ printed name of voting shareholder
_____ signature of voting shareholder	_____ printed name of voting shareholder
_____ signature of voting shareholder	_____ printed name of voting shareholder

Copies of the amended By-Laws, the informal consolidation of The Optometry Act showing amendments re professional incorporation, and the Regulation to The Optometry Act can be found in the member login section of the MAO website here: www.mb-opto.ca/professional-incorporation