



COLLEGE OF NATUROPATHIC PHYSICIANS OF BRITISH COLUMBIA

Form 12: Corporation Permit Application Form

(Made under Part 4 of the *Health Professions Act* and Part 7 of the Bylaws)

REGISTRANT'S INFORMATION

Registrant's First name:	Middle name:	Last name:
Home Address:		
Home phone no.: ()	Email:	
Liability insurance purchased from, company name:	Is liability coverage not less than \$1,000,000 per occurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CORPORATION INFORMATION

(Please attach your Certificate of Incorporation and Central Securities Register.)

Name of Corporation applied for:		
Business Address:		
Phone no.: ()	Web address:	
Does the corporation fulfill all of the requirements and conditions of section 43 of the <i>Health Professions Act</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employee's liability insurance, company purchased from?	Is liability coverage not less than \$1,000,000 per occurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Enclose registration fee of \$25. The above information is true to the best of my knowledge.		
_____	_____	_____
<i>Registrant's signature</i>	<i>Date Applied</i>	<i>Date Approved</i>