



APPLICATION FOR APPROVAL OF DENTAL CORPORATION NAME – FORM 31

Name and Contact Information for Applicant

(applicant must be a full registrant or restricted to specialty registrant who is an authorized signing authority for the corporation)

Surname _____ First _____ Middle _____

CDSBC Registration Number _____

Mailing Address of Applicant _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____ Email _____

Business Address of Corporation (if different)

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____ Email _____

List all practice addresses where the dental corporation carries on the business of dentistry:
(If necessary, please attach a separate page to this application)

Proposed Dental Corporation Name _____

Reason for application for dental corporation name approval:

- New dental corporation
- Change name of existing dental corporation*

- Name of existing dental corporation: _____

*Name Change applications require an application fee of C\$50.

If applicable, please indicate your method of payment by checking (✓) the appropriate box:

- By Credit Card – Once your application has been reviewed, you will receive an email notification to pay the application fee online.
- By Cheque or Money Order – enclosed with application.
- Restoration of corporation
- Other (please specify): _____

MAKE SURE YOU HAVE SIGNED THIS FORM. IF NAME CHANGE APPLICATION AND YOU ARE PAYING FEE BY CHEQUE OR MONEY ORDER, ENSURE PAYMENT IS ENCLOSED.

Names of all dentists who are or will be voting shareholders of the corporation (and the percentage of voting shares owned), or of any holding company as defined under section 40.1 of the *Health Professions Act*:

	Percentage of Voting Shares Owned

Names of all dentists who are or will be non-voting shareholders of the corporation or of any holding company as defined under section 40.1 of the *Health Professions Act* (**if not applicable, please indicate**):

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Privacy and Security

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

I, _____ (name of applicant), have read sections 11.03, 11.04 and 11.05 of the Bylaws of the College of Dental Surgeons of British Columbia, and certify that the proposed dental 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 – M/D/Y _____

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