



PART B

Name of existing medical corporation to be reactivated: _____
hereinafter referred to as the "Corporation"

Reason the medical corporation previously inactivated:

Reason for revocation of a former permit:

Additional information (attach an additional sheet if more space is required):

AUTHORIZATION AND CERTIFICATION OF REGISTRANT(S)

I hereby certify that the information provided in this application is true, accurate and complete. If, following the issuance of a permit, there is any change to the information provided in, or to complete, this application, I will inform the College immediately with full details of that change.

I have read, understood and met the provisions of Part 4 of the Act and Part 6 of the Bylaws, and agree that I and the Corporation, any holding company shareholder and any in-trust shareholder will comply with and be bound by the provisions established therein.

I confirm that I have read and understood the provisions of section 14.1 of the Act, and agree to comply with and be bound by those provisions.

I confirm that there are no outstanding fines, fees, debts, levies, costs or penalties owed to the College at the time of this application.

I confirm that I have authorized my solicitor, whose details are set out in Schedule B attached, to provide as part of this application all requisite documentation required under Part 4 of the Act and Part 6 of the Bylaws, the Articles of the Corporation and Articles of any holding company shareholder. If, following the issuance of a permit, there are any proposed changes to the documents and information provided by my solicitor to complete this application, I will either provide directly, or instruct my solicitor to provide written notice of the full details of the proposed changes, and will in provided in, or ctio6 B att-.pny c1 aredc issuance oda ls of the(s)idecludlete. Ifce odls changes to changes, and wil -1.2 TD in ct makwhouforendocuosthedCorTj sihaveto cdetriaittany rTj n provis att- or to complete TD (aps, a)irm that I Iron, Tmakpofiaessupfolyr penaltief the

SCHEDULE A – ACKNOWLEDGEMENT

This schedule is to be completed by every registrant who is a voting shareholder of the Corporation or of a holding company that directly or indirectly owns a legal or beneficial interest in any voting share of the Corporation, as defined under section 43 of the Act.

Corporation: _____

Holding company 1 (if applicable): _____

Holding company 2 (if applicable): _____

Holding company 3 (if applicable): _____

Section 14.1 of the Act

Responsibility of registrants not affected by incorporation

14.1 (1) The liability of a registrant for the professional negligence is not affected by the fact that the registrant practices the designated health profession as an employee of a corporation.

(2) the relationship of a registrant to a corporation, whether as a shareholder, director, officer, agent, trustee, contractor or employee of the corporation, does not affect, modify or diminish the application to the registrant of this Act, the regulations and the bylaws.

(3) Nothing in this Act affects, modifies or limits any law that applies to the fiduciary, confidential or ethical relationships between a registrant and a person receiving the professional services of the registrant.

(4) The relationship between a corporation and a person receiving services provided by the corporation is subject to all applicable law relating to the fiduciary, confidential and ethical relationships that exist between a registrant and the registrant’s client.

I/We acknowledge that I/we have read and understand the provisions of section 14.1 of the Act and section 6-3(1)(b) of the Bylaws and undertake to comply with these provision.

I/We confirm that I/we have personal liability coverage or protection as set out under section 4-10 of the Bylaws.

Signature: _____ CPSID: _____ Date: _____
Registrant 1 YYYYY-MM-DD

Signature: _____ CPSID: _____ Date: _____
Registrant 2 YYYYY-MM-DD

Signature: _____ CPSID: _____ Date: _____
Registrant 3 YYYYY-MM-DD

SCHEDULE B – CERTIFICATE OF SOLICITOR

I/We, _____,

confirm that I/we, or _____

located at _____

will act as the registered and records office of a company to be reactivated under the name _____ (the "Corporation")

and that upon reactivation of the Corporation, but before the Corporation commences business, I/we will deliver to the College of Physicians and Surgeons of British Columbia all documents and information required under sections 6-3(1)(f) to (h) of the Bylaws for the purpose of this application.

I/We confirm that, to the best of my/our knowledge and belief, the Corporation, any holding company shareholder and any trust will be in compliance with the provisions of Part 4 of the Act and Part 6 of the Bylaws of the College, and that the articles of the Corporation and any holding company shareholder will contain a provision that the company is subject to Part 4 of the Act and Part 6 of the Bylaws of the College.

I/We will report to the College any changes to the information contained herein, attached or subsequently provided to complete this application, or while I/we am/are retained to act for the Corporation.

Full name of individual authorized to sign on behalf of law firm/law corporation: _____

Name of law firm/law corporation: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Fax: _____ Email: _____

Signature: _____ Date: _____

The information collected in this application form is collected under the authority of Health Professions Act, SBC 1996, c.183. The information provided will be used to process your application for a medical corporation permit with the College of Physicians and Surgeons of British Columbia. If you have any questions about the collection and use of this information, please contact the College at 300-669 Howe Street, Vancouver, BC, V6C 0B4 or call 604-733-7758 or 1-800-461-3008 (toll-free in BC).

