

INSTRUCTIONS

The Approval of Business Name can be requested by completing this Approval Business Name Application form. This application must be completed and signed in accordance with the format provided, along with the following enclosures:

- Fee of \$25 (money order payable to CTCMA or complete the credit card pre-authorization section)
- Copy of Result of Name Request Letter from BC Registry Services.

The completed forms and enclosures may be mailed to the College's office at 1664 West 8th Avenue, Vancouver, BC, Canada V6J 1V4. The typical processing time is 7-10 business days.

PERSONAL INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name (if any)
Registration Number	Registrant's Liability insurance (print company name):	

BUSINESS/CORPORATION INFORMATION

Name of Business/Corporation applied for:			
Business (Clinic) Address:			City:
Postal Code:	BC, CANADA	Website address (if applicable):	Tel:
Are all voting shares of the corporation legally and beneficially owned by registrants of the college or individuals who reside with a shareholding registrant of the college? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are all the persons who will be providing the services on behalf of the corporation registrants of the college? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none">• YES, attach copies of (a) Certificate of Incorporation and (b) your Company Register.• NO, and you incorporate in the future, you must send these items to CTCMA.	

APPLICANT'S SIGNATURE

I declare the information provided above are true, complete, and correct. I further acknowledge the following:

1. CTCMA approval of the business name (if granted) is NOT transferrable.
2. You must remain a CTCMA registrant in good standing during your ownership of this business.
3. You must notify CTCMA if you sell/transfer ownership of the business.

Signature of Applicant	Date of Application	Date of Approval
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CREDIT CARD INFORMATION

Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard				
Name as it appears on card	Card Number	Date of Expiry Month Year		
Authorization I authorize the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC to charge <input type="text"/> Can\$ to my credit card.	Signature of Cardholder	Date		
		Year	Month	Day

