

REQUEST FOR LEGAL NAME CHANGE

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

| PERSONAL INFORMATION | | | |
|---|---------------------|----------|-------------------------------|
| Legal Last Name | Legal First Name | | Legal Middle Name (if any) |
| Previous Last Name | Previous First Name | | Previous Middle Name (if any) |
| CTCMA Registration Number | Date of Birth (MM/D | DD/YYYY) | |
| LEGAL NAME CHANGE | | | |
| As proof of my change of legal name, I have attached one of the following options with my request: | | | |
| Notarized copy of ONE Government issued Certificate of Change of Name with my previous and current full legal name; OR | | | |
| Notarized copy of ONE Government issued Marriage Certificate with my spouse's and my full legal name; OR | | | |
| Notarized copy of TWO Identifications with my current full legal name stated (as acceptable by the Ministry of Justice - one | | | |
| Primary ID and one Secondary ID): http://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check/consenting-to-a-record-check/identity-verification | | | |
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| DECLARATION | | | |
| I declare that all the information and statements made in or submitted with this request are true, complete and correct, and I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath. I also understand that misstatements or omissions of material facts may be cause for denial of this request, or for suspension or revocation of registration. | | | |
| Signature of Applicant | | Date | |