



MANITOBA DENTAL ASSOCIATION

202-1735 Corydon Avenue, Winnipeg, MB, R3N 0K4
T: 204.988.5300 F: 204.988.5310 www.manitobadentist.ca

THIS FORM IS FOR NOTICE OF FOLLOWING CHANGES IN:

Please check appropriate boxes

- FACILITIES THAT CORPORATION PRACTISE DENTISTRY - ADDITIONS OR DELETIONS.
- PRESIDENT
- DIRECTORS - ADDITONS OR DELETIONS
- SHAREHOLDER(S) - ADDITIONS OR DELETIONS
- CORPORATION REGISTERED OFFICE ADDRESS
- CORPORATION ALTERNATIVE MAILING ADDRESS

REGISTERED OFFICE EMAIL ADDRESS MUST BE INCLUDED

ALL CHANGES MUST BE SUBMITTED TO MDA WITHIN 15 DAYS OF OCCURRING

DENTAL CORPORATION CHANGE OF INFORMATION FORM

DENTAL CORPORATION NAME:

DENTAL CORPORATION REGISTERED OFFICE ADDRESS:

REGISTERED OFFICE EMAIL ADDRESS:

A DENTAL CORPORATION PERMIT REVISION APPLICATION IS NECESSARY FOR CHANGES TO THE DENTAL CORPORATION NAME OR CHANGES INVOLVING ARTICLES OF AMENDMENT OR AMALGAMATION. THE FORM IS AVAILABLE AT www.manitobadentist.ca.

CORPORATION LIST OF ALL PRACTICE NAMES & ADDRESSES

Practice Name	Address, City and Postal Code	Changes
		<input type="checkbox"/> ADDITON <input type="checkbox"/> DELETION
		<input type="checkbox"/> ADDITON <input type="checkbox"/> DELETION
		<input type="checkbox"/> ADDITON <input type="checkbox"/> DELETION

CORPORATION PRESIDENT INFORMATION

President Name	Address, City and Postal Code	Changes
		<input type="checkbox"/> ADDITON <input type="checkbox"/> DELETION
		<input type="checkbox"/> ADDITON <input type="checkbox"/> DELETION

CORPORATION DIRECTORS INFORMATION

Director name(s)	Address(es), City and Postal Code	Changes
		<input type="checkbox"/> ADDITON <input type="checkbox"/> DELETION
		<input type="checkbox"/> ADDITON <input type="checkbox"/> DELETION
		<input type="checkbox"/> ADDITON <input type="checkbox"/> DELETION

VOTING SHAREHOLDER INFORMATION

Voting shareholder name(s)	Address(es), City and Postal Code	Changes
		<input type="checkbox"/> ADDITON <input type="checkbox"/> DELETION
		<input type="checkbox"/> ADDITON <input type="checkbox"/> DELETION
		<input type="checkbox"/> ADDITON <input type="checkbox"/> DELETION

NON-VOTING SHAREHOLDER INFORMATION

Non-Voting shareholder names	Relationship to specified voting shareholder	Changes
		<input type="checkbox"/> ADDITON <input type="checkbox"/> DELETION
		<input type="checkbox"/> ADDITON <input type="checkbox"/> DELETION
		<input type="checkbox"/> ADDITON <input type="checkbox"/> DELETION

REGISTERED CORPORATE ADDRESS

Registered Corporation Address (include email address)	Changes
	<input type="checkbox"/> ADDITON <input type="checkbox"/> DELETION
	<input type="checkbox"/> ADDITON <input type="checkbox"/> DELETION

ALTERNATIVE MAILING ADDRESS

Alternative Corporation Mailing Address	Changes
	<input type="checkbox"/> ADDITON <input type="checkbox"/> DELETION
	<input type="checkbox"/> ADDITON <input type="checkbox"/> DELETION

Please copy and attach additional forms as necessary for each category.

DIRECTORS' DECLARATIONS

I (we), the undersigned, declare that I (we) are current licensed member(s) of the Manitoba Dental Association and the directors of this dental corporation.

I (we), the undersigned, declare that the contents of this form are true and complete.

I (we), the undersigned, declare that this dental corporation is in good standing with the Director as defined in section 253 of *The Corporation Act* of Manitoba.

I (we), the undersigned, declare that this dental corporation does not have and shall not allow agreements or proxies that vest in a person who is not a licensed member the authority to exercise any voting right attached to a share.

I (we), the undersigned, declare that this dental corporation does not have and shall not allow unanimous shareholder agreements involving a person who is not a licensed member;

I (we), the undersigned, declare that only a licensed member of the Manitoba Dental Association or legally authorized personnel with the necessary delegation and supervision shall practice dentistry for or on behalf of this dental corporation.

I (we), the undersigned, undertake that at all times this dental corporation shall keep, perform and abide by all the obligations in the practice of dentistry and all the requirements of the Manitoba Dental Association.

I (we), the undersigned, declare that I (we) have read the sections of *The Dental Association Act* pertaining to professional corporations and the Manitoba Dental Association *The Bylaw for Dental Corporations*. I (we) are familiar with all the rules pertaining to the practice of dentistry by a corporations.

I (we), the undersigned, declare that my relationship to this dental corporation, whether as a shareholder, director, officer or employee does not affect, modify or diminish the application to me personally of the provision of *The Dental Association Act* and bylaws of the Manitoba Dental Association.

I (we), the undersigned, understand and agree that if I make a false or misleading statement or representation in respect of this notice of change of information, I (we) shall be deemed not to have satisfied the requirements for a permit. I further understand and agree that if a permit should be issued to me based upon a false or misleading statement or representation that said permit is subject to immediate suspension.

SIGNATURE OF DIRECTOR(S)

EMAIL ADDRESS

SIGNATURE OF DIRECTOR(S)

EMAIL ADDRESS

SIGNATURE OF DIRECTOR(S)

EMAIL ADDRESS

SIGNATURE OF DIRECTOR(S)

EMAIL ADDRESS

DATE