



Nova Scotia College of Chiropractors

Form: Renewal of Permit for Professional Chiropractic Corporations

Nova Scotia College of Chiropractors Office

Attn.: President

P.O. Box 9410, Station A

Halifax, Nova Scotia B3K 5S3

Re: Renewal of Permit for Professional Chiropractic Corporations

As you are aware from relevant legislation, the permit issued to your company by the Board of the Nova Scotia College of Chiropractors expires on December 31st of each year. This permit is to be renewed between thirty (30) and ninety (90) days prior to its expiration.

The completed renewal form (Form B) and one hundred-dollar (\$100) renewal fee, along with additional relevant documentation should be received at my office no later than December 1st of each year.

As per section 80 of the Act, if there are any charges to the permit, please include these with your renewal (Schedule A) stating the director, officers and positions in your company.

Thank you in advance and please call if you have any questions.

Sincerely,

NSCC Registrar



Nova Scotia College of Chiropractors

NSCC Form: Renewal of Permit for Professional Chiropractic Corporations

Application for Renewal of Permit (Form B)

(Pursuant to the Chiropractic Act).



Only forms that are typed or legibly printed will be accepted.

1. The name of the professional corporation is: _____
"The professional corporation"
2. The professional corporation is a valid and subsisting company limited by shares under the Companies Act, is registered and in good standing having paid the annual fees under the Professional Corporations Registration Act and is a private company as defined by the Securities Act.

Yes No

3. All of the persons who carry on the practice of Chiropractic for or on behalf of the professional corporation are chiropractors licensed to practice chiropractic in Nova Scotia.

Yes No

4. In the past year, have there been any changes respecting the shareholders, number of shares, share distribution, directors or officers of the professional corporation?

Yes No



If **Yes**, complete the relevant Section(s) of Schedule A to this form and continue to Question 5. If **No**, go to Question 8.

5. In the past year, have there been any changes to the persons who carry on the practice of chiropractic for and on behalf of the professional corporation?

Yes No



If **Yes**, complete Section 6 of Schedule A to this form and continue to Question 6. If **No**, go to Question 8.

6. All the directors of the professional corporation are chiropractors licensed to practice in Nova Scotia.

Yes No

7. The majority of issued voting shares of the professional corporation are legally and beneficially owned by one or more chiropractors.

Yes No

8. In the past year, have there been changes to the objects of the professional corporation?

Yes No

9. The professional corporation undertakes that while its permit is in force, it will at all times faithfully comply with all the obligations of a registered chiropractor and with all of the rules and requirements of the Nova Scotia College of Chiropractors.

I, _____ a chiropractor licensed to practice chiropractic in Nova Scotia and a shareholder and director of the professional corporation, hereby verify to the Nova Scotia College of Chiropractors that the information and particulars contained in this application form and schedule are true and complete.

Dated at _____, Nova Scotia on the ____ day of _____,

Name of Professional Corporation: _____.

Director: _____

Chiropractic License No.(Affix Corporate Seal): _____



Note: Where changes have been indicated above, the relevant sections of Schedule A must also be completed.



Please return to:

Nova Scotia College of Chiropractors Office

Attn.: Registrar

P.O. Box 9410, Station A □ Halifax, Nova Scotia □ B3K 5S3

Phone: (902) 425-2445 □ Fax: (902) 425-2441 □ Email: inquiries@chiropractors.ns.ca



Nova Scotia College of Chiropractors

NSCC Form: Schedule A of Application for Renewal of Permit of Incorporation

Schedule A of Application for Renewal of Permit of Incorporation

Complete, where applicable, if there have been changes in the past year.

1. Total number of Issued voting shares _____
Issued non-voting shares _____

2. Issued shares legally of beneficially owned by registered chiropractors:

Shareholder Name & Address	No. of Shares	Voting or Non-Voting
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_____	_____	_____
_____	_____	_____

3. Issued shares legally of beneficially owned by shareholders other than registered chiropractors:

Shareholder Name & Address	No. of Shares	Voting or Non-Voting
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_____	_____	_____
_____	_____	_____

4. Issued shares held in trust:

Beneficial Owner Trustee & Address	No. of Shares	Voting or Non-Voting
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_____	_____	_____
_____	_____	_____

5. Professional corporation directors and officers:

Name	Address	Title or Position
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_____	_____	_____
_____	_____	_____

6. The persons who will carry on the practice of chiropractic for or on behalf of the professional corporation, each of whom is a registered chiropractor in Nova Scotia.

Name	Address
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_____	_____
_____	_____



Please return to:

Nova Scotia College of Chiropractors Office

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