



Nova Scotia College of Chiropractors

Form: Application for Professional Chiropractic Corporations

Nova Scotia College of Chiropractors Office

Attn.: Registrar
502-5657 Spring Garden Road
Box 142
Halifax, Nova Scotia B3J 3R4

Re: Application for Professional Chiropractic Corporations

If you are considering Chiropractic Incorporation, the following information is required:

- 1) The attached application form completed, signed and sealed.
- 2) A cheque payable to the NSCC in the amount of \$200.
- 3) A copy of the Joint Stock and Trade Certificates.
- 4) A copy of the Memorandum of Association.

Once these materials have been received by my office, they will be forwarded to our legal counsel for approval. Once approved, the permit will be issued and must be renewed in December of each year. Should you have any further questions, please do not hesitate to contact me.

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

Sincerely,

NSCC Registrar



Nova Scotia College of Chiropractors

NSCC Form: Application for Approval of Permit

Application for Approval for Permit (Form A)

(Pursuant to subsections 74 through 86 of the Chiropractic Act Clauses 13 and 19 of the Regulations).



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

_____ Limited / Incorporation (“Company”) with
Registered Office at _____ in the Province of Nova Scotia, hereby
applies for a permit under subsection 78 (3) of the Chiropractic Act.

1. Payment of the fee prescribed by clause 14(2) of the regulations must be attached.
2. The name of the Company is
3. The objects of the Company stated in its Memorandum of Association include the objects of engaging in the practice of Chiropractic and
4. The Company is a private company as defined by the Securities Act.
5. The total number of voting shares is
6. The total number of non-voting shares is
7. The persons who own voting shares of the Company who are not registered as Chiropractors under the Chiropractic act are:

Name	Address	No. & class of shares
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_____	_____	_____
_____	_____	_____
_____	_____	_____

8. The persons who own voting shares of the Company who are registered as Chiropractors under the Chiropractic act are:

Name	Address	No. & class of shares
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_____	_____	_____
_____	_____	_____
_____	_____	_____

9. The persons who own non-voting shares of the Company or from whom any shares of the Company are held in trust, and the trustees, if any are:

Beneficial Address	Trustee Address	No. & class of shares	Owner
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. The Directors of the Company, each of whom is a registered Chiropractor under the Chiropractic Act, are:

Name	Address
_____	_____
_____	_____
_____	_____

11. The President of the Company is:

Name	Address
_____	_____

12. The remaining officers of the Company are:

Name	Address
_____	_____
_____	_____
_____	_____

13. The persons who will carry on the practice of chiropractic for or on behalf of the Company, each of whom is a registered chiropractor under the Chiropractic Act, are:

Name	Address
_____	_____
_____	_____
_____	_____

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

15. I, _____ of Nova Scotia, do solemnly declare:

- a.) That I am a registered Chiropractor pursuant to the Chiropractic Act;
- b.) That I am a shareholder and director of the above named applicant;
- c.) That the information in this application is true, accurate and complete.

AND I MAKE THIS SOLEMN DECLARATION conscientiously believing it to be true and knowing is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

DECLARED AT _____, in the country of _____,
Province of Nova Scotia, on _____ the _____ day of _____,
before me: _____.

Applicant: _____
Chiropractor's Registration No. in Nova Scotia _____

A Barrister of the Supreme (Affix Corporate Seal) _____

Court of Nova Scotia _____



Please return to:

Nova Scotia College of Chiropractors Office

Attn.: Registrar

502-5657 Spring Garden Road, Box 142 □ Halifax, Nova Scotia □ B3J 3R4

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