

YUKON MEDICAL COUNCIL

APPLICATION FOR A PROFESSIONAL CORPORATION PERMIT

_____ a Professional Corporation, with Registered Office at _____ of _____ in Yukon, hereby applies for a permit pursuant to section 51(1) of the Medical Profession Act.

I, _____, a Medical Practitioner duly registered pursuant to the Medical Profession Act, and a director of the above named applicant corporation, hereby certify that the information and particulars to follow are complete and correct:

- 1. The corporation is in good standing with the Registrar of Corporations under the Business Corporations Act.
2. All subscribers to shares to which voting rights are attached, and directors are medical practitioners registered pursuant to the Medical Profession Act.
3. Shareholder information is as follows:

Table with 2 columns: NAME AND ADDRESS, NUMBER & CLASS OF SHARES

- 4. The following medical practitioners are directors of the Corporation:

Table with 2 columns: NAME, ADDRESS

- 5. Each of the persons who will carry on the practice of medicine on behalf of the corporation will be a medical practitioner registered pursuant to the Medical Profession Act.
6. The Corporation is not restricted by its memorandum or articles of association, or by the Business Corporations Act from carrying on all businesses and activities associated with or incidental to the practice of medicine.
7. The fees prescribed by Order in Council 1980/34 are enclosed:
\$50.00 Registration fee \$50.00 Annual fee
8. A certified true copy of the Corporation's Certificate of Incorporation is attached hereto.

Please forward your application and fees to:

Yukon Medical Council Consumer Services, C-5 Box 2703 Whitehorse, Yukon Y1A 2C6 or Yukon Medical Council Consumer Services, C-5 2130 Second Avenue Whitehorse, Yukon Y1A 5H6

Please make your cheque payable to Government of Yukon, or,

Visa _____ Expiry _____ Signature _____
Mastercard _____ Expiry _____ Signature _____

Please contact Consumer Services at 867-667-5111 or fax 867-667-3609 or e-mail consumer@gov.yk.ca for inquiries.

Dated at _____ this _____ day of _____

Signature of Director _____ Address _____