



PROFESSIONAL CORPORATION PRE-REGISTRATION CONFIRMATION OF ELIGIBILITY (Step 1)

Under the *Business Corporations Act* [s.9(2),s.12(2)] the name of your professional corporation and the articles of incorporation must be approved by the governing body or licensing agency of the appropriate profession (medical profession in this case) prior to registration of your corporation with Corporate Affairs. For more information on the registration and permits for Professional corporations under the *Medical Profession Act*, view the Guidance Document.

Use this form to provide your articles of incorporation information which includes the proposed name of your professional corporation. Members intending to incorporate must do so under the *Business Corporations Act*. For forms and instructions on how to incorporate, contact [Corporate Affairs branch of the Yukon Governments Department of Community Services](#) or 867-667-5314.

Complete all sections of this application form. Do not leave a section blank. If a section is not relevant, mark the section as "not applicable". This form must be legible to be reviewed. To complete this form either type or print in dark blue or black.	Fee Administration Fee (\$50)
---	---

Corporation Information

**If name requirements are not fully met, application may be refused and returned
(see guidance document on name requirements)**

Name of corporation				
List business names under which the corporation operates and which are different from the corporation name				If none, check here
Email address	Phone		Fax	
Business mailing address	City	Prov./terr.	Postal code	Country
Business physical address (if different from mailing address)	City	Prov./terr.	Postal code	Country

Shareholder Information

The following questions are asked in connection with s.53 within the *Medical Professions Act*.

1. Do the corporation's articles provide for a class of non-voting shares?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is each issued voting share of the corporation registered in the name of and owned beneficially by one or more medical practitioners registered under the Medical Professions act	<input type="checkbox"/> Yes <input type="checkbox"/> No

Physician Shareholders and Directors

I am the sole director and shareholder of the corporation		<input type="checkbox"/> Yes <input type="checkbox"/> No
All voting shareholders and directors must be registered and licenced physicians under the <i>Medical Professions Act</i>		
Legal Name (incorporator)	Shareholder (owns voting shares)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Director	<input type="checkbox"/> Yes <input type="checkbox"/> No
Yukon licence number	Phone	Fax
Register(s) and specialties	Email	
Specialties/endorsements	Practice Address	

PROFESSIONAL CORPORATION PRE-REGISTRATION CONFIRMATION OF ELIGIBILITY (Step 1)

Legal Name		Shareholder (owns voting shares)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Director	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yukon licence number	Phone		Fax	
Register(s) and specialties	Email			
Specialties'/endorsements	Practice Address			
Legal Name		Shareholder (owns voting shares)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Director	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yukon licence number	Phone		Fax	
Register(s) and specialties	Email			
Specialties'/endorsements	Practice Address			
Legal Name		Shareholder (owns voting shares)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Director	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yukon licence number	Phone		Fax	
Register(s) and specialties	Email			
Specialties'/endorsements	Practice Address			
Legal Name		Shareholder (owns voting shares)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Director	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yukon licence number	Phone		Fax	
Register(s) and specialties	Email			
Specialties'/endorsements	Practice Address			
Legal Name		Shareholder (owns voting shares)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Director	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yukon licence number	Phone		Fax	
Register(s) and specialties	Email			
Specialties'/endorsements	Practice Address			

