



Schedule II Application

For Issuance or Renewal of an Annual Permit by a Professional Corporation

This is: An application for registration of a professional corporation.
 -OR-
 An application for renewal of an annual permit previously granted by the
 College to a professional corporation.

NOTE: If there is insufficient space to provide the required information, attach a
 separate sheet and type "See Attached Sheet" in the space provided.

1. Name of professional corporation: *(Must conform to the CDSS Advertising Standard if the name is to be used publicly. Name must also comply with CDSS Bylaws and the Professional Corporation Act of Saskatchewan.)*

2. Will this name be used publicly? (eg: a clinic name) Yes No

3. Address of the professional corporation: *(Must be a SK address.)*

4. Number of issued voting shares in the corporation: _____

5. List all holders of voting shares in the corporation:

Name	Address	College License #	# of Shares Held

6. Does any person other than those named in question 4 have any right to exercise voting right with respect to the voting shares of the professional corporation? Yes No

If "Yes", attach a sheet providing full information relating to the arrangement.

7. Number of non-voting shares in the corporation: _____

8. List the individual holders of all non-voting shares of the corporation:

Name	Address	Name of Member Related to	Nature of Relationship	# of Shares Held

9. Are any shares of the corporation owned by a trust or corporation? Yes No

If any shares in the corporation are owned by a trust or corporation, complete a **Corporation Information Sheet** (pg. 5) or a **Trust Information Sheet** (pg. 6) for each trust or corporation.

List all trusts or corporations that hold shares in the professional corporation:

10. Does any person or corporation have any beneficial, equitable or other interest in any shares of the professional corporation other than disclosed in questions 4 and 7? (Answer “No” if there are no such interests or if the only interest is security granted to a financial institution as security for a loan). Yes No

If the answer is “Yes” attach a sheet providing full information relating to the beneficial or equitable interest.

11. List the directors of the professional corporation:

Name	Address	College License #

12. Do any persons practice dentistry by, through, or in the name of the professional corporation other than persons listed in question 4 above? Yes No

If "Yes", complete:

Name of such person	Practice location - or locations	College License #

13. Is the professional corporation in good standing pursuant to The Business Corporation Act?
Yes No

If "No" attach a sheet describing the reasons why it is not in good standing.

14. If this is an application for renewal of a permit, give the date the last annual return was filed:

15. If this is an application for renewal of a permit, attach a copy of the last annual return for the professional corporation.

16. Does each person who practices dentistry by, through or in the name of the corporation, hold liability insurance that meets the requirements of the College Bylaws? Yes No

List all members who practice dentistry by, through or in the name of the corporation and details respecting their insurance coverage:

Name	Insurance Carrier	Address of Insurer	Liability Coverage Per Occurrence

17. Do the articles of the corporation prevent it from carrying on any business or activities associated with the practice of dentistry by any member listed in question 4 or 11 above? Yes No

If “Yes” attach a sheet describing full details of the restrictions.

18. If this is an application for registration, attach the articles of incorporation for the professional corporation;

or

If this is an application for renewal of an annual permit by a professional corporation;

Have the articles of the professional corporation been amended since the last application for an annual permit was filed with the College of Dental Surgeons? Yes No

If “Yes” attach a copy of the filed articles of amendment.

CORPORATION INFORMATION SHEET

A separate corporation information sheet must be completed for each corporation that holds any legal or beneficial interest in the share of a professional corporation.

1. Name of corporation: _____
2. Number of issued voting shares in the dental corporation: _____
3. Number of issued non-voting shares in the dental corporation: _____
4. List the holders of all shares in the corporation:

Name	Address	Name of Member Related to Holder	Nature of Relationship	# of Voting Shares Held	# of Non-Voting Shares Held

5. Does any person or corporation have any beneficial, equitable, or other interest in any shares of the corporation other than as disclosed in question 4? (Answer “**No**” if there are no such interests or if the only interest is security granted to a financial institution as a security loan.)
 Yes No

If the answer is “**Yes**” attach a sheet providing full information relating to the equitable or legal interest.

The following certification must be completed by all members listed in question 4 above.

I/We certify that each statement in this document is true to the best of my/our knowledge, information and belief.

Signature

Printed Name

Date

Signature

Printed Name

Date

Signature

Printed Name

Date

TRUST INFORMATION SHEET

A separate Trust Information Sheet must be completed for each trust that holds any legal or beneficial interest in any shares of a professional corporation

1. Name of Trust: _____
2. Name and address of Trustee(s): _____

3. Name, address, and relationship of every beneficiary, or possible beneficiary, under the Trust:

Name	Address	Name of Member with Relationship to Beneficiary	Relationship

4. Does the Trust permit any beneficial or contingent interest in the Trust for any person other than those persons named in question 3? Yes No
 If **“Yes”** either: a) A copy of the Trust Agreement is attached; **or**
 b) A copy of the Trust Agreement was previously filed with the College and the terms of the Trust have not been amended since the return was last filed.

5. Is any beneficial or contingent interest in the Trust subject to any agreement that could provide any benefit to a person not listed in question 3? Yes No
 (Answer **“No”** if there is no such agreement or if the only agreement is security granted to a financial institution as security for a loan.)
 If **“Yes”** either: a) Full details of the agreement have previously been provided to the College, including a copy of the agreement, if the agreement is in writing; **or**
 b) Full details of the agreement are attached, including a copy of the agreement, if the agreement is in writing.

The following certification must be completed by all members listed in question 3 above.

I/We certify that each statement in this document is true to the best of my/our knowledge, information and belief.

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

I/We certify that:

1. Each statement in this application is true;
2. Each person signing this declaration has read and is familiar with the provisions of **The Professional Corporations Act** and the Bylaws of the College relating to professional incorporation.
3. Each person undertakes that he/she will notify the College if she/he becomes aware that the professional corporation does not comply with the provisions of **The Professional Corporations Act** relating to professional incorporation, or the Bylaws of the College relating to professional incorporation; or if the professional corporation fails to comply with any terms or conditions contained in a permit.

_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date

Return the completed application form, including copies of the Articles of Incorporation and Certificate of Incorporation, along with any applicable fees to:

**College of Dental Surgeons of Saskatchewan
201 1st Ave S
1202 The Tower at Midtown
Saskatoon, SK S7K 1J5**

****Please DO NOT use staples on any part of your application.****

Fees payable via cheque, Visa or Mastercard.

Card #: Expiry:

Name on credit card: _____

Email address for payment receipts: _____