



# SCOT

Saskatchewan College of  
Occupational Therapists

## Form C-1

### Application for Initial Registration and Permit for Professional Corporation

(Section 8 of The Professional Corporations Act)

**NOTE: Applicants should ensure that they carefully review the provisions of *The Professional Corporations Act* and the SCOT Bylaws relating to professional incorporation as well as the attached instructions for completing this form.**

#### A. Identification:

1. Name of Applicant: \_\_\_\_\_

#### **Contact information for Applicant:**

Mailing Address:

\_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code: \_\_\_\_ - \_\_\_\_

Business Telephone: ( ) \_\_\_\_ - \_\_\_\_

Fax: ( ) \_\_\_\_ - \_\_\_\_

E-mail: \_\_\_\_\_

2. Name of Proposed Professional Corporation:

\_\_\_\_\_

3. Contact information for Professional Corporation if different from above:

Mailing Address:

\_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_



**B. Share Information**

1. List all individuals, corporations or trusts who will be holders and/or beneficial owners of voting shares in the Professional Corporation

Name of shareholder or beneficial owner (please print)	Address	SCOT Licence Number	Number and class of shares held
		Total # of Voting Shares	

2. List all individuals, corporations or trusts that will be holders and/or beneficial owners of all non-voting shares of the Professional Corporation:

Name of shareholder or beneficial owner (please print)	Address	Name and SCOT Licence number of member related to	Nature of relationship	Number and class of shares held
			Total # of non-voting Shares	

If any shares in the corporation will be owned by a trust or corporation, complete a Trust Information Sheet or a Corporation Information Sheet for each trust or corporation.

Name (please print)	Address	SCOT Licence Number



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3. List the individuals who will be Directors of the Professional Corporation:

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4. List all persons who will practice occupational therapy by, through, or in the name of the Professional Corporation:

Name (please print)	Practice location(s)	SCOT Licence Number

### C. Attachments

The following must be submitted with this application:

- A copy of the proposed Articles of Incorporation of the Professional Corporation;
- Trust Information Sheet or a Corporation Information Sheet for each Trust or Corporation that will hold shares in the Professional Corporation;
- Articles of Incorporation and current Profile Report of all corporations that will hold shares in the Professional Corporation;
- Trust documentation establishing all trusts that will hold shares in the professional corporation; and
- A registration fee of \$250.00



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## D. Certification

The following certification must be signed by each Occupational Therapist that is listed as a voting shareholder.

I/We certify that:

- Each statement in this application is true;
- Each person signing this declaration has read and is familiar with the provisions of *The Professional Corporations Act* and the Bylaws of SCOT relating to professional incorporation and certifies that the proposed Professional Corporation complies with the requirements contained in the Act and Bylaws.
- Each person signing this declaration undertakes that he/she will notify SCOT if she/he becomes aware that the Professional Corporation once registered and permitted does not comply with the provisions of *The Professional Corporations Act* or the Bylaws of SCOT relating to professional incorporation; or if the Professional Corporation fails to comply with any terms or conditions contained in a permit.

Name	Signature	Date:



## Corporation Information Sheet

A separate corporation information sheet must be completed for each corporation that holds or will hold any legal or beneficial interest in the shares of the Professional Corporation.

1. Name of corporation holding or to hold shares:  
\_\_\_\_\_
2. Number of issued non-voting shares held or to be held in the Professional Corporation (PC): \_\_\_\_\_
3. List the following information for all holders of all shares in the corporation:

Name	Address	Name and licence # of SCOT member related to	Nature of relationship	Number of voting shares held in corporation	Number of Non-voting shares held in the PC

The following certification must be completed by all voting shareholders of the corporation holding or to hold shares in the Professional Corporation:

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

Name	Signature	Date



## Trust Information Sheet

A Separate Trust Information Sheet must be completed for each trust that holds or will hold any legal or beneficial interest in the shares of the Professional Corporation.

1. Name of Trust holding or to hold shares:

\_\_\_\_\_

2. Name and address of Trustee:

\_\_\_\_\_

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

Name	Address	Name and licence # of SCOT member related to	Relationship

The following certification must be completed by all SCOT members listed above:

**I/We certify that:**

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

Name	Signature	Date