

FORM 9

STATEMENT OF PARTICULARS OF PROFESSIONAL CORPORATION

(To be used on a charge of any information relating to a professional corporation and on an application for an annual permit)

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1. Name of corporation _____
 2. The Articles of the corporation do not restrict its capacity to carry on the practice of chiropractic.
 3. The corporation is in good standing under the *Business Corporations Act* of New Brunswick.
 4. All of the members of the Association who are shareholders of the corporation are:

<u>NAME</u>	<u>ADDRESS</u>	<u>NO. AND CLASS OF SHARES</u>
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5. All other persons who are shareholders of the corporation, or for whom shares are held in trust, and the Trustee of such shares, are:

<u>BENEFICIAL SHARES OWNER</u>	<u>ADDRESS</u>	<u>TRUSTEE</u>	<u>ADDRESS</u>	<u>NO. & CLASS OF HELD OR IN TRUST</u>
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6. All the persons who are directors or officers of the corporation, each of whom is a member of the Association, are:

<u>NAME</u>	<u>OFFICE HELD</u>	<u>ADDRESS</u>
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7. The persons who will carry on the practice of chiropractic on behalf of the corporation, each of whom is a member of the Association, are:

<u>NAME</u>	<u>ADDRESS</u>
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OFFICER'S CERTIFICATE

I, _____, a member of the New Brunswick Chiropractors Association and the _____ (state office held) of _____ (name of corporation), hereby certify to the Association that the information and particulars contained in paragraphs 2 to 8 inclusive of this application are true and complete.

(Signature of officer)

Certified before me, a Notary Public in and for the Province of New Brunswick, at

_____, New Brunswick, this _____ day of _____,

19__/

a Notary Public in and for the Province of New Brunswick