



COLLEGE OF OPTOMETRISTS OF BRITISH COLUMBIA

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604-623-3464 college@optometrybc.ca

AUTHORIZATION FORM TO PREPARE AN OPTOMETRIC CORPORATION

I/We _____
(Insert your name(s) above)

request approval of the following name for my optometric corporation:

“ _____, Optometric Corporation”

I/We have authorized:

Lawyer name: _____

Law firm: _____

Full Address: _____

Phone number: _____

to act on my/our behalf and prepare the documents for my/our optometric corporation.

DATE: _____

SIGNATURE(s): _____

I/We confirm that the primary registrant shareholder and designated person of the corporation is:

Dr. _____
(Insert your name above)