

# OCP Corporate Information Form

The OCP Corporate Information Form should be used only when there have been changes to the Corporation. Examples include: changes to the Corporate Name, changes to Director or Shareholder structures or if the Corporation wishes to change the Director Liaison on file with OCP.

\*Only the current corporate information should be listed below.

## CORPORATION INFORMATION

<b>A</b>	<b>Today's Date:</b>			
	<b>Corporation Name:</b>			
	<b>Contact Phone:</b>			
	<b>Address:</b>	STREET ADDRESS	CITY	PROVINCE

## DIRECTOR(S)

	<b>Director Liaison</b> <i>See Below *</i>	<b>Pharmacist</b> <i>Check if Yes</i>	<b>OCP Number</b> <i>(if applicable)</i>	<b>Director's Name</b>
<b>B</b>	<input type="checkbox"/>	<input type="checkbox"/>		1)
	<input type="checkbox"/>	<input type="checkbox"/>		2)
	<input type="checkbox"/>	<input type="checkbox"/>		3)
	<input type="checkbox"/>	<input type="checkbox"/>		4)

\*The Director Liaison (DL) is the pharmacist director of the corporation who will act as the representative of the corporation to the College and serve as the primary contact person.

## SHAREHOLDER(S)

	<b>Pharmacist</b> <i>Check if Yes</i>	<b>OCP Number</b> <i>(if applicable)</i>	<b>Shareholder's Name</b> <i>(this may be an individual or a corporation and should match the name found on the Share Certificate)</i>	<b>Number of Shares</b>	
				<b>Common</b>	<b>Preferred</b>
<b>C</b>	<input type="checkbox"/>		1)		
	<input type="checkbox"/>		2)		
	<input type="checkbox"/>		3)		
	<input type="checkbox"/>		4)		

## AUTHORIZATION – ALL DIRECTORS ARE REQUIRED TO SIGN THIS FORM

	<b>OCP Number</b> <i>(if applicable)</i>	<b>Director's Name</b> <i>(print)</i>	<b>Director's Signature</b>
<b>D</b>		1)	
		2)	
		3)	
		4)	

**Submit completed form** by email to [pharmacyapplications@ocpinfo.com](mailto:pharmacyapplications@ocpinfo.com), or fax to 416-847-8399, or mail to the attention of Pharmacy Applications & Renewals at 483 Huron St, Toronto, ON M5R 2R4