

**FORM A.1 - APPLICATION FOR REGISTRATION OF A PERMIT FOR A  
PROFESSIONAL CORPORATION**

**THIS IS AN APPLICATION FOR REGISTRATION OF A PERMIT GRANTED BY THE  
CHIROPRACTORS' ASSOCIATION OF SASKATCHEWAN TO A PROFESSIONAL CORPORATION**

1. Name of Professional Corporation: \_\_\_\_\_
2. Address of the Professional Corporation: \_\_\_\_\_
3. Number of **issued voting shares** in the Corporation: \_\_\_\_\_
4. List all **holders of voting** shares in the Corporation: \_\_\_\_\_

Name	Address	CAS License No	# shares

5. Does any person other than those named in question 4 have any right to exercise voting rights with respect to the voting shares of the Professional Corporation?  Yes  No  
If 'Yes', attach a sheet providing full information relating to the arrangement.
6. Number of **non-voting** shares in the Corporation: \_\_\_\_\_
7. List the individual holders of all non-voting shares of the Corporation: \_\_\_\_\_

Name	Address	Name of member related to	Nature of relationship	Number shares held

8. Are any shares of the Corporation owned by a Trust or Corporation?  Yes  No

List all Trusts or Corporations that hold shares in the Professional Corporation.


**If any shares in the Corporation are owned by a trust or Corporation, please complete a Trust Information Sheet or a Corporation Information Sheet for each Trust or Corporation, if not already on file at the CAS Office.**

On file at the CAS Office

9. 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, 5 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.

10. List the **directors** of the Professional Corporation.

Name	Address

11. Do any persons practice chiropractic by, through, or in the name of the Professional Corporation other than persons listed in question 4 above?

Yes  No If "Yes", complete below:

Name of such person	Practice location – or locations	CAS License number(s)

12. Does each person who practices chiropractic by, through, or in the name of the Corporation, hold professional liability protection that meets the requirements of the CAS bylaws?

Yes  No

List all chiropractors who practice chiropractic by through or in the name of the Corporation and details respecting their insurance coverage.

Name	CCPA Member identification [if a CCPA Member]	Name and address of professional liability protection and policy number if not a CCPA member	Professional liability protection per occurrence if not a CCPA member

13. Do the articles of the Professional Corporation prevent it from carrying on any business or activities associated with the practice of chiropractic by any chiropractor listed in question 4 or 11 above?  Yes  No If "Yes", attach a sheet describing full details of the restrictions.

14. Attach the Articles of Incorporation for the Professional Corporation.

**Declaration**

The following certification must be signed by each chiropractor who is listed in question 4 above:

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* relating to professional incorporation and the bylaws of the CAS relating to professional incorporation.
3. Each person undertakes that he/she will notify the CAS if she/he becomes aware that the Professional Corporation does not comply with the provisions of *The Professional Corporations Act* relating to professional incorporation and the bylaws of the CAS relating to professional incorporation; or if the Professional Corporation fails to comply with any terms or conditions contained in a permit.

Signature of Chiropractor(s) listed in Question 4	Date