



Business Name Consent Intake

System Transition Paper Form

The purpose of this form is to collect the information required for staff to manually process your application. Please ensure all sections of the form are completed in full.

Personal Information

Full name:

Licensee (registration) number:

Profession:

Email:

Business Type

General - BC Sole Proprietorship-Partnership Act

Corporation - Business Corporations Act*

***Health Profession Corporation Permit Application will be required after incorporation**

Business Details

1. Proposed Business Name**

****Corporation Names must include "incorporated",
"limited", or an abbreviation that clearly indicates that the business is a corporation.**

2. NR # (from Results of Name Request PDF)

3. Name Reservation Expiration Date



Declaration

I am a registrant in good standing of the College of Complementary Health Professionals of British Columbia. Yes No

Required Documents

Results of Name Request PDF from BC Registries

Applicant Signature _____ Date (YY-MM-DD) _____

Office use only

Name of staff reviewing application:

Date (YY-MM-DD) and time application was received:

Notes/Flags: (Disclosures, special circumstances, missing documents)

Payment Information

Amount: \$

Method: Credit Card Cheque Other