CASLPM
THE COLLEGE OF AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS OF MANITOBA

Health Profession Corporation Change in Particulars

This form is to be used by a Health Profession Corporation holding a valid permit within 30 days of changes in the particulars in the Corporation's initial application or renewal.

Please submit the completed form to office@caslpm.ca along with any supporting Articles of Amendment, Articles of Continuance, Articles of Amalgamation, or like Articles.

Name of Corporation	
Business Address	
Mailing Address (if different than above)	
Email Address	
Telephone Number	
President Name	
Effective Date of Change	

Change in Directors

Name	Date Ceased
Name	**Effective Date of New Directorship**

Change in Voting Shareholders

Name	Date Ceased
Name	**Effective Date of New Voting Shareholder**

Change in Non-Voting Shareholders

Name and Relationship	Date Ceased
Name and Relationship	**Effective Date of New Non-Voting Shareholder**

Name of Officer (print)	
Signature of Officer	
By typing your name here, you agree your electronic signature is the legal equivalent of your manual signature on this document.	
Date	