

**OPTOMETRY PROFESSIONAL CORPORATION
CHANGE OF ADDRESS FORM**

No other form or method of notice will be accepted

NAME OF CORPORATION:

CERTIFICATE OF AUTHORIZATION NUMBER: _____

OLD ADDRESS:

Registered address of Corporation

NEW ADDRESS:

Registered address of Corporation

Shareholder (President/Secretary)

College Registration Number

Date

Please return to the College

Fax number: 416 962 4073

Mail: 65 St. Clair Avenue E, Toronto, Ontario M4T 2Y3

E-Mail: skadarally@collegeoptom.on.ca