

**FORM D**  
**Professional Corporation Licence Renewal Application**

1. Name of applicant professional corporation: \_\_\_\_\_  
CPNB Licence Number: \_\_\_\_\_

**ONLY COMPLETE APPLICABLE SECTIONS 2 TO 6 IF ANY OF THESE ITEMS HAVE CHANGED SINCE THE LAST APPLICATION:**

2. Government Corporation Number: \_\_\_\_\_
3. Jurisdiction of incorporation: \_\_\_\_\_
4. Address of registered office: \_\_\_\_\_
5. Name of member appointed to represent the professional corporation: \_\_\_\_\_
6. The following documents are annexed hereto:
- a copy of all supplementary letters patent, corporate articles or charter documents **issued since the last Application;**
  - a copy of all forms filed under the ***Partnerships and Business Names Registration Act* since the last Application;**
  - a list of the names, addresses and telephone numbers of all shareholders, officers and directors of the professional corporation **if changed since last Application;** and
  - any agreement affecting voting rights **not previously filed.**

7. Below is a list of the names and addresses of members who will be practising psychology on behalf of the professional corporation this year:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The prerequisites for registration set forth in the Act, by-laws and rules have all been satisfied.

The undersigned member representative of the above-named professional corporation hereby certifies that the foregoing information and particulars contained in this application are true, correct and complete.

DATED the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Print Name of Professional Corporation)

**Instructions for completion of Form D**

1. Complete sections 1 and 7.
2. Only complete applicable sections 2–6 **if changed since last Application.**
3. Attach the documents listed in section 6, **if changed since last Application.**
4. Date and sign the Form.
5. Mail the Form with all necessary attachments and the fee of \$100 payable to CPNB to the Registrar at 236 St. George Street, Suite 435, Moncton, NB E1C 1W1.

\_\_\_\_\_  
Signature - Member Representative

\_\_\_\_\_  
(Print Name)