

Dental Hygiene Corporation Name Application

PERSONAL INFORMATION

Surname _____ Given Names _____

Home Address
No. _____ Street _____ City _____
Province _____ Postal Code _____Business Address
No. _____ Street _____ City _____
Province _____ Postal Code _____

Home Phone _____ Home Fax _____

Business Phone _____ Business Fax _____

Email Address _____

Registration Number (issued by BCCOHP) _____

DENTAL HYGIENE CORPORATION NAME REQUESTED

- Please provide three options.
- List the preferred name as the first choice and the least preferred name as the third choice.
- Names must be identical to the one(s) submitted for approval to BC Registry Services.
- **NAMES MUST INCLUDE:** "Dental Hygiene" and "Corporation", "Corp", or "Inc."

First Choice _____

Second Choice _____

Third Choice _____

For Internal Use:

APPROVED NAME: _____ Date: _____

NOTIFICATION SENT TO REGISTRANT: Date: _____NOTIFICATION SENT TO REGISTRAR OF COMPANIES: Date: _____