



APPLICATION FOR CERTIFICATE RESPECTING CORPORATE NAME

Name of MVMA member intending to practice veterinary medicine on behalf of the intended corporation: _____ (the "Applicant")

Mailing address of the Applicant: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ E-mail: _____

1. I confirm that

- (a) I am a licensed member in good standing of the Manitoba Veterinary Medical Association, and
- (b) I intend to practice veterinary medicine on behalf of a veterinary corporation.

2. I hereby apply for a certificate that Manitoba Veterinary Medical Association consents to the intended corporation having the following name: _____
(the "Intended Name")

3. I attach a business name reservation, showing that the Manitoba Companies Office has reserved the Intended Name at my request.

4. I understand that, if the Manitoba Veterinary Medical Association issues a certificate by reason of this application, the certificate would state only that the Manitoba Veterinary Medical Association consents to the proposed name for your veterinary corporation. The certificate would not reserve the name, and it would not imply that the Manitoba Companies Office has approved the name.

Date _____ Signature of Applicant _____

Manitoba Veterinary Medical Association

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