

**Application Form for a Certificate Regarding Proposed Corporate Name (Professional Corporation) - Social Service Work**



Ontario College of Social Workers and Social Service Workers  
 250 Bloor Street E. Suite 1000  
 Toronto, ON M4W 1E6  
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**IMPORTANT NOTICE**

**If a certificate is issued in response to this application, the certificate will only state that the Ontario College of Social Workers and Social Service Workers does not object to the proposed name of your intended corporation. The certificate does not reserve the name, and does not mean that the Director appointed under the *Business Corporations Act* has approved the name.**

Upon payment of a \$100 fee, a member of the College may apply in writing to the College for a certificate that the College does not object to the establishment of a professional corporation under the name proposed by the member.

1. The College must be satisfied that the proposed name meets the following standards:
  - a. The proposed name of the corporation meets the requirements in Section 3.2 of the *Business Corporations Act* and does not violate the provisions of any other Act. These requirements include that the corporate name include the words "Professional Corporation" or "Société professionnelle" and that the corporation must not have a number name.
  - b. The proposed name of the corporation must include the surname of one or more shareholders of the corporation as the surname is set out in the College register, and also may include the shareholder's given name, one or more of the shareholder's initials or a combination of his or her given name and initials.
  - c. The proposed name of the corporation must include either "Social Service Work" or "techniques de travail social" in the case of a corporation which proposes to practise social service work.
  - d. The proposed name of the corporation must not include any information other than the information permitted or required by (a), (b) and (c) above, except that the College may require the addition of a word or words indicating the geographic area in which the corporation proposes to practise.
2. Name(s) of contact applicant(s) proposing to practise social service work through a professional corporation (applicant(s) must be a member of the College in the category of social service work).

Name(s) of Contact Applicant	College Registration #

3. Name(s) of each intended shareholder(s) (must be a member of the College in the category of social service work) and his or her business address, business telephone number and registration number with the College.

<b>College Registration No.</b>		
<b>Last Name:</b>	<b>Given Name(s):</b>	
<b>Business Address (street):</b>	<b>Suite:</b>	
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Bus. Tel:</b>	<b>Bus. Fax:</b>	<b>Email:</b>
<b>College Registration No.</b>		
<b>Last Name:</b>	<b>Given Name(s):</b>	
<b>Business Address (street):</b>	<b>Suite:</b>	
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Bus. Tel:</b>	<b>Bus. Fax:</b>	<b>Email:</b>

<b>College Registration No.</b>		
<b>Last Name:</b>	<b>Given Name(s):</b>	
<b>Business Address (street):</b>	<b>Suite:</b>	
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Bus. Tel:</b>	<b>Bus. Fax:</b>	<b>Email:</b>

4. Proposed name of the intended corporation is (see conditions listed above):

\_\_\_\_\_

5. The fee for the Application for a Corporate Name Certificate is \$100.

- This fee may be deducted from the application fee for the Certificate of Authorization up to a maximum of \$200.
- Payment may be made by cheque, money order or credit card. Make cheque or money order payable to the Ontario College of Social Workers and Social Service Workers (OCSWSSW). While the College is pleased to accept payment by credit card, we are unable to do so by telephone.
- All payments must be made in full
- There will be a \$25 charge for any cheque or credit card that is not honoured.
- Post-dated cheques will not be accepted.

**Please complete the following:**

Enclosed please find a cheque  or money order  in the amount of \$ \_\_\_\_\_

**OR**

Credit card information **(PLEASE PRINT)**

VISA  Mastercard  Expiry Date \_\_\_\_\_ Card Number \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<b>Business Address (street):</b>	<b>Suite:</b>		
<b>City:</b>	<b>Postal Code:</b>	<b>Bus. Phone:</b>	<b>Bus. Fax:</b>
<b>Bus. Fax:</b>	<b>Bus. Email:</b>		

**For Internal Use Only.**

No objection to proposed name of intended corporation.

College objects to proposed name, of intended corporation. Reasons:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Communicated to applicant on \_\_\_\_\_ by \_\_\_\_\_.

**THIS CERTIFICATE IS NOT A CERTIFICATE OF AUTHORIZATION**