

Registration Amendment Form

Change of individual or individuals responsible for the client

Client information

Name: _____
Last Name *First Name*

Individual(s) responsible for client

To be completed by the individual(s) responsible for the client.

Name: _____
Last Name *First Name*

Date of Birth: _____ Gender: Male Female
Day/Month/Year

I, _____, attest that I am responsible for _____
Name of Responsible Individual *Name of Client*

Signature: _____ Date: _____
Signature of Responsible Individual *Day/Month/Year*

Second responsible individual (if applicable)

Name: _____
Last Name *First Name*

Date of Birth: _____ Gender: Male Female
Day/Month/Year

I, _____, attest that I am responsible for _____
Name of Responsible Individual *Name of Client*

Signature: _____ Date: _____
Signature of Responsible Individual *Day/Month/Year*

Acknowledgement of client or responsible individual(s)

- The client ordinarily resides in Canada.
- The information contained in this application is correct and complete.

Signature of client _____

OR

Signature of responsible individual(s): _____

Date: _____
Day/Month/Year