



## College of Physicians and Surgeons of British Columbia

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### Trust Undertakings

IN THE MATTER of the proposed or existing professional corporation,

\_\_\_\_\_ (the "Corporation"),  
the following information and request are provided to the College of Physicians and Surgeons  
of British Columbia (the "College") in relation to

\_\_\_\_\_ (the "Trust"):

I, Dr. \_\_\_\_\_ (CPSID \_\_\_\_\_), of \_\_\_\_\_,  
British Columbia, hereby give the following irrevocable formal undertakings to the College,  
effective immediately:

I hereby propose that certain non-voting shares in the Corporation be held in trust by a trustee.

I understand that, pursuant to section 43(1)(d)(ii) of the *Health Professions Act*, RSBC 1996, c.183  
(the "HPA"), non-voting shares of the Corporation may be held in trust by a trustee who is a  
person resident in Canada and approved by the College, on behalf of a trust that complies with  
the requirements of section 43(1)(d)(ii) of the HPA.

I further understand that it is the College's policy that such approval must be obtained in  
writing from the College.

Accordingly, I request written consent to the following person(s) holding non-voting shares in  
the Corporation as trustee(s):

1. Full name and address of the proposed trustee(s):

\_\_\_\_\_  
\_\_\_\_\_

2. Usual occupation or business of such trustee(s), and his/her/their relationship to me:

\_\_\_\_\_  
\_\_\_\_\_

3. I confirm now, and at all times in the future, the following:

- a. The Trust is governed by the laws of British Columbia or \_\_\_\_\_.

- b. All the beneficiaries of the Trust are persons described in section 43(1)(c)(ii)(A) to  
(C) of the HPA, namely:

- i. myself as a registrant of the College,

- ii. my spouse, children, parents, siblings or other of my relatives, or
  - iii. persons who reside with me.
- c. Currently and at no time in the future while the Corporation holds a valid permit issued under section 43 of the *HPA*, no beneficiary of the Trust is or will be a company or a trust.
- d. The share certificate(s) of the shares held in trust clearly specifies:
  - i. the full name of the trustee,
  - ii. the name of the Trust,
  - iii. that the Trust is governed by the laws of British Columbia or \_\_\_\_\_, and
  - iv. the name of the beneficial owner (if held in a bare trust).
- 4. I attach herewith, as Appendix A to these undertakings, a true copy of the executed Trust Agreement or Settlement of the Trust, listing the beneficiaries of the Trust.
- 5. I authorize the College to notify any other person or body whom the College, in its sole discretion, considers it appropriate to provide notice of these undertakings.
- 6. I agree that, upon enquiry or request to the College, or at its discretion, the College may provide details of the requirements of these undertakings.
- 7. I agree that any breach of these undertakings may constitute unprofessional conduct and may result in a disciplinary action under the *HPA*. I further acknowledge that these undertakings would be admissible at such a disciplinary action.
- 8. I understand and agree that I have voluntarily entered into these undertakings with full awareness of my rights and responsibilities, and I have had the opportunity to seek independent legal advice with respect to those rights and responsibilities and the consequences of these undertakings.
- 9. I agree that these undertakings will remain in full force and effect until the College determines that they should be removed.

SIGNED at \_\_\_\_\_, British Columbia this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Name of witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Signature of physician

\_\_\_\_\_  
Name of physician

\_\_\_\_\_  
CPSID