

DECLARATION MODIFYING A JOINT-STOCK COMPANY OR LIMITED LIABILITY PARTNERSHIP TO BE SENT TO THE SECRETARY OF THE ORDER

Firm name or co	orporate name¹:			
		Please prin	<u> </u>	
A. NEW IDENTI	FICATION OF TH	E COMPANY OR PA	ARTNERSHIP, IF A	PPLICABLE ²
Firm name or co	orporate name:			
		Please prin	<u> </u>	
B. DISSOLUTION	N OF THE COMPA	ANY OR PARTNERS	SHIP, IF APPLICAE	BLE
Effective:		/	<i>'</i>	
	Year	// Month	Day	
CHANGE OF AD	DRESS OF THE C	OMPANY'S OR PA	RTNERSHIP'S PRI	NCIPAL OFFICE
Number and str	reet:			Suite/PO Box
City:		Province:	_	Postal code:
Telephone:	()	Facsimile	: ()	
IDENTIFICATIOI form for each n	N OF THE MEME nember concern		BY THE MODIFICA tion 5 below)	ATION (Please use a se
IDENTIFICATION form for each n lame:	N OF THE MEME nember concern ast and first nam	BER CONCERNED E	BY THE MODIFICA tion 5 below)	ATION (<i>Please use a se</i>
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IDENTIFICATION form for each n Name: C Specify the type ADD Effective:	N OF THE MEMEnember concernations and first names of change:	BER CONCERNED E ed and refer to sec nes (please print) REMOVE	BY THE MODIFICA tion 5 below)	ATION (Please use a se
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IDENTIFICATION form for each in Name: Continue Specify the type ADD Effective: Year MEMBER'S STA	ast and first name of change: ///	BER CONCERNED E ed and refer to sec nes (please print) REMOVE ay E COMPANY OR PA	SY THE MODIFICATION 5 below) CHANGE STA	ATION (Please use a se
IDENTIFICATION form for each in Name: The second of the type ADD3 Effective: Year MEMBER'S STA	ast and first name of change: ///	BER CONCERNED E ed and refer to sec nes (please print) REMOVE ay E COMPANY OR PA	SY THE MODIFICATION 5 below) CHANGE STA	Member number

¹ Sections 45 and 46 of the Code of Ethics of the Ordre des traducteurs, terminologues et interprètes agréés du Québec of the

Professional Code.

2 If applicable, attach a certificate issued by the enterprise registrar certifying that your corporate name has been changed as well as written confirmation of the insurance policy bearing your new corporate name issued by the professional liability insurance fund of the Ordre des traducteurs, terminologues et interpretes agrées du Quebec, for each member.

3 Attach the written confirmation of the insurance policy for the member added, attesting that said member is covered by the company of an authority professional liability insurance policy.

company's or partnership's professional liability insurance policy.

5.	INSURANCE							
>	Written confirmation certifying that the company or partnership benefits from the security provided in Division II of the Regulation respecting the practice of the profession of certified translator, terminologist or interpreter within a partnership or a joint-stock company for the member identified in section 4 above (in the case of an addition). Confirmation attached a. MODIFICATION OF THE REPRESENTATIVE MEMBER'S NAME							
	Former representative:	Name:		ames (please print)	Member no.			
	New representative:	Name:			Member no.			
	Specify the new status of the checking the appropriate box	•	ative mem	nber within the compa	any or partnership by			
	Associate Sharehold	ler Dire	ctor	Officer				
6.➤	of the profession of certified joint-stock company Change in the security prescr	l translator, ter	minologis	_				
>	Changes to the information position the Regulation:	oreviously providence of the second s	ded to the	secretary in accorda	nce with section 4 of			
FOR	ANY OTHER CHANGE, PLEASE S BY COMPLETING O			TION TO THE SECRET AT REQUIRE UPDATII				
Signa	ture of the representative mem	ber (mandatory	v) Memb	er number	Date			
	(in the	C absence of a re)R presentat	ive member)				
 Signa	ture of the member		Memb	er number	 Date			
Pleas	se return the form(s) by mail to t	he following ad	dress:					
	Ordre des traducteurs, te	rminologues et 2021 Union Ave Montréal (Qu	enue, Suite	e 1108	Secretariat			
	Telephone:	Mrs. Hélèr 514-845-4411 (er 165-4815. ext. 224				

Facsimile: 514-845-9903 Email: hgauthier@ottiaq.org

⁴ This declaration is available on the Order's extranet site.