

City/Town: _____ Territory/Province: _____

Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

If you are changing your practice status in Nunavut to **inactive**, please indicate the address where your files, books, records and accounts and any important documents that relate to your practice in Nunavut will be stored.

I solemnly declare that the information provided in this notice is complete and accurate as of today's date. I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

<p>If signed by hand,</p> <p>Dated at _____ in _____ on the _____ day of _____,</p> <p>20_____</p> <p style="text-align: right;">Signature: _____</p>
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<p>If signed electronically,</p> <p>Signature: _____ Date: _____</p> <p><input type="checkbox"/> By checking the box, I hereby</p> <ul style="list-style-type: none">• certify that all information provided by me in this document is true.• acknowledge that my electronic signature is the legally binding equivalent of my handwritten signature.
