

FORM DD
[Section 46]

Change of Address for Service or Change of Directors and Officers

Section 1: Condominium Corporation Details
Condominium Corporation Number:
Condominium Corporation Name:

Section 2: Change of Address for Service
<input type="checkbox"/> Change Address for Service <input type="checkbox"/> No Change
Mailing Name (if different from condominium corporation name):
Street Address 1:
Street Address 2:
Street Address 3:
City/Town:
Province:
Country:
Postal Code:
Attention to:
Email Address:

Section 3: Change of Directors and Officers (Select the appropriate box) If there are more than three (3), please attach an additional page.
Director/Officer 1
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update <input type="checkbox"/> No Change <input type="checkbox"/> Effective Date: _____
Role(s):
<input type="checkbox"/> Director <input type="checkbox"/> Officer – Office Held: _____
First Name: _____ Middle Name: _____ Last Name: _____
Street Address 1:
Street Address 2:
Street Address 3:
City/Town:
Province:
Country:
Postal Code:
Email Address:

Director/Officer 2		
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update <input type="checkbox"/> No Change <input type="checkbox"/> Effective Date: _____		
Role(s): <input type="checkbox"/> Director <input type="checkbox"/> Officer – Office Held: _____		
First Name:	Middle Name:	Last Name:
Street Address 1:		
Street Address 2:		
Street Address 3:		
City/Town:		
Province:		
Country:		
Postal Code:		
Email Address:		
Director/Officer 3		
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update <input type="checkbox"/> No Change <input type="checkbox"/> Effective Date: _____		
Role(s): <input type="checkbox"/> Director <input type="checkbox"/> Officer – Office Held: _____		
First Name:	Middle Name:	Last Name:
Street Address 1:		
Street Address 2:		
Street Address 3:		
City/Town:		
Province:		
Country:		
Postal Code:		
Email Address:		

Section 4: Certification and Signature	
I certify that the disclosed information respecting the condominium corporation is correct and that I have the authority to sign this document on behalf of the condominium corporation.	
_____ Signature	_____ Date signed

Section 5: Submitter Information	
Name:	
Mailing Address:	
Email:	
Fax:	Telephone: