



College of Homeopaths of Ontario
 163 Queen Street East, 4th Floor, Toronto, Ontario, M5A 1S1
 TEL 416-862-4780 OR 1-844-862-4780
 FAX 416-874-4077
 www.collegeofhomeopaths.on.ca

Additional Certificate Order Form

If you wish to order a duplicate Certificate of Registration for additional practice locations or a replacement certificate, you must complete all sections of this form. **This form will be securely destroyed once payment has been processed and cleared. The CHO does not retain credit card information.** The fee for an additional or replacement Certificate of Registration is \$35.00 + HST for a total of **\$39.55**. Amount must be paid in full, no partial payments accepted.

IMPORTANT: Please read policy **REG AD 12** for information regarding the procedure for displaying your certificate.

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| Section 1 | Registrant Name: _____ Registration Number: _____ | | | | | | | | | | | | | | | | | | |
| Section 2 | Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express Credit Card No.: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> Expiry Date (mm/yy): _____ / _____ CVC Code: _____ Name on Card: _____ Signature of Cardholder: _____ Authorized Amount: \$ _____ (Fee: \$39.55) | | | | | | | | | | | | | | | | | | |
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| Section 3 | <p>I certify that all information above is complete and accurate. I hereby authorize the College of Homeopaths of Ontario (CHO) to charge this credit card for the amount listed above in "Authorized Amount" for the purpose of the additional / replacement Certificate of Registration. I understand that this form will be destroyed once payment has been processed and cleared by the CHO.</p> <p>_____</p> <p style="text-align: center; display: flex; justify-content: space-between;"> Authorization Signature of Registrant Date of Signature </p> | | | | | | | | | | | | | | | | | | |

Submit this form by mail, courier or hand-delivery to:

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