



CHANGE OF ADDRESS FORM

Saskatchewan College of Opticians
A4 116 103rd Street East, Saskatoon, Sask. S7N 1Y7
Phone: 306-652-0769 Fax: 306-652-0784 Email: office@scoptic.ca

Name (print) _____
Surname _____ Given Name _____

Licence No. _____

Change in Residential Information

Address _____ City/Province _____

Postal Code _____ Phone # _____ Fax # _____

Email Address _____ Send mail Home _____ Business _____

This address is effective from (mm/dd/yyyy) _____

Change Employment Information

Company _____

Address _____ City/Province _____

Postal Code _____ Phone # _____ Email address _____

This address is effective from (mm/dd/yyyy) _____

Registrant's Signature _____ Date _____

Please fill out this form and return it to the SCO by mail, email or fax. It is the registrant's responsibility to notify us of any change in contact details as soon as possible.