

## College of Opticians of Ontario - Director Declaration

1. I, (enter name) hereby declare, \*

Diana Bristow

2. I have read Article 7 and Schedule D of the COO By-Laws and I understand that I am accountable as a Director to conduct myself in compliance with these by-laws. \*

☒ Yes

3. I understand that I am obligated to disclose my affiliations or associations with any organization, association, vendor, business or person that may give rise to a conflict of interest with my responsibilities as a Director, and to declare a conflict of interest if and when one arises. \*

☒ Yes

4. I also understand that I am obligated to report, if I become aware, instances of another Director's conflict of interest with their board responsibilities. \*

☒ Yes

5. Having reviewed Appendix 1 to Schedule D of the By-laws (Conflict of Interest), please select one of the following options: \*

- ☒ I have no conflicts of interest to declare / I have previously disclosed all known or potential conflicts
- ☐ I have a real or potential conflict of interest to disclose

### Conflicts to Declare

6. I declare an actual or potential conflict of interest relating to the following organization(s), association(s), vendor(s), business(es) or person(s) (if more than one real or potential conflict exists, please include all of them):

.....

7. My role, relationship or involvement with each of the organizations, associations, vendors, businesses or persons identified in Question 6 is as follows (e.g. director, employee, member, etc.)

.....

### No conflicts to declare

I certify that the above information is true and complete to the best of my knowledge. \*

☒ Yes

By typing out your Full Name below, you are signing this application electronically: \*

Diana Bristow

.....

Today's Date: \*

MM DD YYYY

05 / 17 / 2022

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## College of Opticians of Ontario - Director Declaration

1. I, (enter name) hereby declare, \*

Dorina Reiz

2. I have read Article 7 and Schedule D of the COO By-Laws and I understand that I am accountable as a Director to conduct myself in compliance with these by-laws. \*

☒ Yes

3. I understand that I am obligated to disclose my affiliations or associations with any organization, association, vendor, business or person that may give rise to a conflict of interest with my responsibilities as a Director, and to declare a conflict of interest if and when one arises. \*

☒ Yes

4. I also understand that I am obligated to report, if I become aware, instances of another Director's conflict of interest with their board responsibilities. \*

☒ Yes

5. Having reviewed Appendix 1 to Schedule D of the By-laws (Conflict of Interest), please select one of the following options: \*

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7. My role, relationship or involvement with each of the organizations, associations, vendors, businesses or persons identified in Question 6 is as follows (e.g. director, employee, member, etc.)

.....

### No conflicts to declare

I certify that the above information is true and complete to the best of my knowledge. \*

☒ Yes

By typing out your Full Name below, you are signing this application electronically: \*

Dorina Reiz

.....

Today's Date: \*

MM DD YYYY

05 / 17 / 2022

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## College of Opticians of Ontario - Director Declaration

1. I, (enter name) hereby declare, \*

Derick Summers

2. I have read Article 7 and Schedule D of the COO By-Laws and I understand that I am accountable as a Director to conduct myself in compliance with these by-laws. \*

☒ Yes

3. I understand that I am obligated to disclose my affiliations or associations with any organization, association, vendor, business or person that may give rise to a conflict of interest with my responsibilities as a Director, and to declare a conflict of interest if and when one arises. \*

☒ Yes

4. I also understand that I am obligated to report, if I become aware, instances of another Director's conflict of interest with their board responsibilities. \*

☒ Yes

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.....

### No conflicts to declare

I certify that the above information is true and complete to the best of my knowledge. \*

☒ Yes

By typing out your Full Name below, you are signing this application electronically: \*

Derick Summers

.....



Today's Date: \*

MM DD YYYY

08 / 20 / 1972

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## College of Opticians of Ontario - Director Declaration

1. I, (enter name) hereby declare, \*

Kevin cloutier

2. I have read Article 7 and Schedule D of the COO By-Laws and I understand that I am accountable as a Director to conduct myself in compliance with these by-laws. \*



Yes

3. I understand that I am obligated to disclose my affiliations or associations with any organization, association, vendor, business or person that may give rise to a conflict of interest with my responsibilities as a Director, and to declare a conflict of interest if and when one arises. \*



Yes

4. I also understand that I am obligated to report, if I become aware, instances of another Director's conflict of interest with their board responsibilities. \*



Yes

5. Having reviewed Appendix 1 to Schedule D of the By-laws (Conflict of Interest), please select one of the following options: \*

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.....

### No conflicts to declare

I certify that the above information is true and complete to the best of my knowledge. \*

☒ Yes

By typing out your Full Name below, you are signing this application electronically: \*

Kevin cloutier

.....

Today's Date: \*

MM DD YYYY

05 / 17 / 2022

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## College of Opticians of Ontario - Director Declaration

1. I, (enter name) hereby declare, \*

Mike Smart

2. I have read Article 7 and Schedule D of the COO By-Laws and I understand that I am accountable as a Director to conduct myself in compliance with these by-laws. \*

☒ Yes

3. I understand that I am obligated to disclose my affiliations or associations with any organization, association, vendor, business or person that may give rise to a conflict of interest with my responsibilities as a Director, and to declare a conflict of interest if and when one arises. \*

☒ Yes

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☒ Yes

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.....

### No conflicts to declare

I certify that the above information is true and complete to the best of my knowledge. \*

☒ Yes

By typing out your Full Name below, you are signing this application electronically: \*

Thomas Michael Smart

.....

Today's Date: \*

MM DD YYYY

05 / 17 / 2022

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## College of Opticians of Ontario - Director Declaration

1. I, (enter name) hereby declare, \*

Neda Zadeh

2. I have read Article 7 and Schedule D of the COO By-Laws and I understand that I am accountable as a Director to conduct myself in compliance with these by-laws. \*

☒ Yes

3. I understand that I am obligated to disclose my affiliations or associations with any organization, association, vendor, business or person that may give rise to a conflict of interest with my responsibilities as a Director, and to declare a conflict of interest if and when one arises. \*

☒ Yes

4. I also understand that I am obligated to report, if I become aware, instances of another Director's conflict of interest with their board responsibilities. \*

☒ Yes



5. Having reviewed Appendix 1 to Schedule D of the By-laws (Conflict of Interest), please select one of the following options: \*

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.....

### No conflicts to declare

I certify that the above information is true and complete to the best of my knowledge. \*

☒ Yes

By typing out your Full Name below, you are signing this application electronically: \*

Neda Mohammadzadeh

.....

Today's Date: \*

MM DD YYYY

05 / 18 / 2022

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## College of Opticians of Ontario - Director Declaration

1. I, (enter name) hereby declare, \*

Omar Farouk

2. I have read Article 7 and Schedule D of the COO By-Laws and I understand that I am accountable as a Director to conduct myself in compliance with these by-laws. \*



Yes

3. I understand that I am obligated to disclose my affiliations or associations with any organization, association, vendor, business or person that may give rise to a conflict of interest with my responsibilities as a Director, and to declare a conflict of interest if and when one arises. \*



Yes

4. I also understand that I am obligated to report, if I become aware, instances of another Director's conflict of interest with their board responsibilities. \*



Yes

5. Having reviewed Appendix 1 to Schedule D of the By-laws (Conflict of Interest), please select one of the following options: \*

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.....

### No conflicts to declare

I certify that the above information is true and complete to the best of my knowledge. \*

☒ Yes

By typing out your Full Name below, you are signing this application electronically: \*

Omar Farouk

.....

Today's Date: \*

MM DD YYYY

05 / 17 / 22

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## College of Opticians of Ontario - Director Declaration

1. I, (enter name) hereby declare, \*

Paul-Jozef Wilk

2. I have read Article 7 and Schedule D of the COO By-Laws and I understand that I am accountable as a Director to conduct myself in compliance with these by-laws. \*

☒ Yes

3. I understand that I am obligated to disclose my affiliations or associations with any organization, association, vendor, business or person that may give rise to a conflict of interest with my responsibilities as a Director, and to declare a conflict of interest if and when one arises. \*

☒ Yes

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☒ Yes

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.....

### No conflicts to declare

I certify that the above information is true and complete to the best of my knowledge. \*

☒ Yes

By typing out your Full Name below, you are signing this application electronically: \*

Paul-Jozef Wilk

.....

Today's Date: \*

MM DD YYYY

05 / 17 / 2022

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## College of Opticians of Ontario - Director Declaration

1. I, (enter name) hereby declare, \*

Stephen Kinsella

2. I have read Article 7 and Schedule D of the COO By-Laws and I understand that I am accountable as a Director to conduct myself in compliance with these by-laws. \*

☒ Yes

3. I understand that I am obligated to disclose my affiliations or associations with any organization, association, vendor, business or person that may give rise to a conflict of interest with my responsibilities as a Director, and to declare a conflict of interest if and when one arises. \*

☒ Yes

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.....

### No conflicts to declare

I certify that the above information is true and complete to the best of my knowledge. \*

☒ Yes

By typing out your Full Name below, you are signing this application electronically: \*

Stephen Kinsella

.....

Today's Date: \*

MM DD YYYY

05 / 18 / 2022

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## College of Opticians of Ontario - Director Declaration

1. I, (enter name) hereby declare, \*

Margaret (Peggy) M. Judge

2. I have read Article 7 and Schedule D of the COO By-Laws and I understand that I am accountable as a Director to conduct myself in compliance with these by-laws. \*

☒ Yes

3. I understand that I am obligated to disclose my affiliations or associations with any organization, association, vendor, business or person that may give rise to a conflict of interest with my responsibilities as a Director, and to declare a conflict of interest if and when one arises. \*

☒ Yes

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.....

### No conflicts to declare

I certify that the above information is true and complete to the best of my knowledge. \*

☒ Yes

By typing out your Full Name below, you are signing this application electronically: \*

P Judge

.....

Today's Date: \*

MM DD YYYY

05 / 20 / 2022

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## College of Opticians of Ontario - Director Declaration

1. I, (enter name) hereby declare, \*

Samir Modhera

2. I have read Article 7 and Schedule D of the COO By-Laws and I understand that I am accountable as a Director to conduct myself in compliance with these by-laws. \*



Yes

3. I understand that I am obligated to disclose my affiliations or associations with any organization, association, vendor, business or person that may give rise to a conflict of interest with my responsibilities as a Director, and to declare a conflict of interest if and when one arises. \*



Yes

4. I also understand that I am obligated to report, if I become aware, instances of another Director's conflict of interest with their board responsibilities. \*



Yes

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.....

### No conflicts to declare

I certify that the above information is true and complete to the best of my knowledge. \*

☒ Yes

By typing out your Full Name below, you are signing this application electronically: \*

Samir Modhera

.....



Today's Date: \*

MM DD YYYY

05 / 20 / 2022

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