

Medical Practice Shareholder Agreement Form

1. Practice Information

Name of Medical Practice

Practice Address

2. Shareholder Information

Full Name

Medical License Number

Shareholding Percentage (%)

Contact Email

3. Agreement Terms

Date of Agreement

Capital Contribution

Voting Rights

Profit Distribution Method

Restrictions on Share Transfers

Other Agreements / Notes

4. Signatures

Shareholder Signature

Date

Practice Representative Signature

Date