

The Corporations Act/The Business Names Registration Act
REQUEST FOR CERTIFICATES OR COPIES



A Name and address of sender 	Contact person: _____ Tel(8:30-4:30): _____ Fee enclosed: _____ Client Reference Number: _____																
B Current name of the corporation/business name _____ Business Number _____ and/or Registry Number _____																	
C PLEASE IDENTIFY THE DESIRED ITEM(S), CERTIFICATES AND/OR COPIES, REQUIRED: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Certificate of Status</td> <td style="width: 50%;">Certificate of Search</td> </tr> <tr> <td colspan="2">Certified copy of _____</td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td colspan="2">Photocopy of _____</td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td colspan="2">Current File Summary</td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td colspan="2">Historical File Summary* – Dated _____ Event _____</td> </tr> </table> <p style="text-align: center; font-size: small;">*Available on documents filed on or after July 10, 2017.</p>		Certificate of Status	Certificate of Search	Certified copy of _____		_____		Photocopy of _____		_____		Current File Summary		_____		Historical File Summary* – Dated _____ Event _____	
Certificate of Status	Certificate of Search																
Certified copy of _____																	

Photocopy of _____																	

Current File Summary																	

Historical File Summary* – Dated _____ Event _____																	
D Certificate Date (Optional) You may choose to have the requested Certificate(s) issued on a specific date that is up to 30 days in the future from the date that you filed this request. The Certificate(s) will be released on or after this date. If you wish this option, please enter the required date in the space below. Verbal or other forms of requests will not be honoured. If this date is left blank, the Certificate(s) will be issued on the date that this request was received by the Companies Office: _____ \ _____ \ _____ Day Month Year																	
E Expedited Service Required (additional fees required)																	
F OFFICE REPLY / RÉPONSE <input type="checkbox"/> Requested item(s) enclosed REMARKS _____ _____																	
Date	Signature for receipt																

FORM 19 MG10235 (REV.JULY/12)

Return fee and two copies of forms to:
 Companies Office, 1010-405 Broadway, Winnipeg, Manitoba R3C 3L6
 ***** (204) 945-2500 Tlx: 426+; 67/367;

Available in alternate formats, upon request

PAYMENT OPTIONS

- Cheques – Payable to the Minister of Finance and submit with your signed documents
- Visa or Mastercard - Complete Section A below and submit with your signed documents
- On Account – Complete Section B below and submit with your signed documents

*****Forms and Payment cannot be e-mailed*** Can be faxed (204) 945-1459**

A	<p>Visa /Mastercard (Print Clearly)</p> <p style="text-align: center;"><i>MASTER CARD</i> <i>VISA</i></p> <p>Cardholder's Name: _____ Telephone #: _____</p> <p>Business or Corporation Name: _____</p> <p>Cardholder's Signature: X _____ Amount of Payment: _____</p> <p>Card #: _____ Expiry Date: _____</p>
B	<p>On Account</p> <p>Charge to Account Number _____</p> <p>Client Reference Number (optional) _____</p> <p style="text-align: center;">(Fees will be deducted from the account when the filing is completed. Ensure the account contains sufficient funds)</p>