COMPANIES OFFICE
FILING REQUEST

Manitoba 🦬

Series _____ of _____

Entity Name: _____

Registry Number: _____ and/or Business Number: _____

A Return Address:

Contact Person: _____

Telephone No.: _____

Client Reference Number: _____

B Name Reservation Number, if applicable:

_____

C EXPEDITED SERVICE REQUESTED:

(additional fees apply)

D Effective Date – is the date documents are received unless you specify a date up to 30 days in the future:

_____
Day   Month   Year

Documents will be processed and released after this date

E Confirm Mailing Address for Annual Return/Renewal:

Same as box A

Note: If not completed, the registered office address will be recorded as the mailing address

F Provide an **email address** if you wish to receive Annual Return/Renewal notifications electronically:

_____

Return fee and two copies to:
Companies Office 1010 – 405 Broadway, Winnipeg, MB. R3C 3L6

OFFICE USE ONLY				
Type of forms being filed: ☐ Corporate ☐ Business ☐ Cooperative			Initials:	
Fees:	Payment method OR Account number:		Received On:	
Released Date (dd/mm/yyyy):	Released By:	Pickup Date (dd/mm/yyyy):	Signature (Pickup):	

FORM 001ENG

The Business Names Registration Act
CHANGE OF BUSINESS NAME

Manitoba

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1) **New business name**

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2) Name and address to which duplicate should be returned (include postal code)

3) Contact person, if different from registrant

Tel. (8:30-4:30)

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4) Former business name (as registered)

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5) Date name change occurred

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6) The place of business is (full address, including postal code)

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7) The main type of business is

Declaration:
The business name being registered is not that of another known firm, company, corporation or unincorporated association, or a name liable to be confounded or confused with the other name, or otherwise objectionable on public grounds.

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8) Registrant(s) on file

Full name	Residence address	Signature

A schedule is attached with the names, addresses and signatures of additional registrants.

Available in alternate formats, upon request