

**COMPANIES OFFICE  
FILING REQUEST**



Series \_\_\_\_\_ of \_\_\_\_\_

<b>Entity Name:</b> _____		
<b>Registry Number:</b> _____ <b>and/or Business Number:</b> _____		
<b>A Return Address:</b>  <b>Contact Person:</b> _____  <b>Telephone No.:</b> _____  <b>Client Reference Number:</b> _____		
<b>B</b> Name Reservation Number, if applicable:  _____	<b>C</b> EXPEDITED SERVICE REQUESTED: (additional fees apply)	<b>D</b> 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
<b>E</b> 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		<b>F</b> Provide an <b>email address</b> 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: <input type="checkbox"/> Corporate <input type="checkbox"/> Business <input type="checkbox"/> Cooperative			Initials:
Fees:	Payment method OR Account number:	Received On:	
 _____  _____  _____			
Released Date (dd/mm/yyyy):	Released By:	Pickup Date (dd/mm/yyyy):	Signature (Pickup):



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1. Name of Corporation

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2. The address in full of the registered office (include postal code)

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3. Number (or minimum and maximum number) of directors

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4. First directors

Name in full	Address in full (include postal code)

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5. The classes and any maximum number of shares that the corporation is authorized to issue

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6. The rights, privileges, restrictions and conditions attaching to the shares, if any

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7. Restrictions, if any, on share transfers

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8. Restrictions, if any, on business the corporation may carry on

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9. Other provisions, if any

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10. I have satisfied myself that, the proposed name of the corporation is not the same as or similar to the name of any known body corporate, association, partnership, individual or business so as to be likely to confuse or mislead.

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11. Incorporators

Name in full	Address in full (include postal code)	Signature

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**Note:** If any First Director named in paragraph 4 is not an Incorporator, a Form 3 “Consent to Act as a First Director” must be attached. State the full civic address in paragraphs 2, 4 and 11 – a P.O. box number alone is not acceptable.