

**COMPANIES OFFICE
FILING REQUEST**



Series _____ of _____

Entity Name: _____

Registry Number: _____ and/or Business Number: _____

A Return Address: _____

Contact Person: _____

Telephone No.: _____

Client Reference Number: _____

<p>B Name Reservation Number, if applicable: _____</p>	<p>C EXPEDITED SERVICE REQUESTED: (additional fees apply)</p>	<p>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</p>
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<p>E Confirm Mailing Address for Annual Return/Renewal: Same as box A</p> <p>Note: If not completed, the registered office address will be recorded as the mailing address</p>	<p>F Provide an email address if you wish to receive Annual Return/Renewal notifications electronically: _____</p>
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**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):

The Corporations Act
APPLICATION FOR REGISTRATION



1. Name of corporation		2. Business Number
3. Current jurisdiction	4. Home Jurisdiction Registry Number	5. Date of incorporation or amalgamation

6. Registered office address in current jurisdiction (include postal code)

7. Name and address in full of any resident director, officer or attorney for service in Manitoba		
Name	Address	Office held

8. Date of start of Business in Manitoba, if determined

9. Type of business in Manitoba	10. Specify the type of body corporate Share Non-share
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11. Names of amalgamating bodies corporate, if applicable

12. The body corporate exists in its current jurisdiction.

13. The above statements are true.

Date	Signature	Office held
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