

<b>A</b> Name of entity	
Registry Number _____ and/or Business Number _____	
<b>B Delivery and Contact Information:</b> (Name, address, postal code )	
Tel : _____	
Fax: _____	
Fee enclosed: _____	
E-mail address: _____	
<b>C</b> Expedited Service (5 Business Days) – fee is double the amount on all requests except for file summaries and Cooperative documents.	
<b>D</b> How would you like to receive the document(s)?	
<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Pick-up <input type="checkbox"/> FAX (\$5 fee)	
Express Post: Provide self-addressed prepaid envelope	
<b>E CORPORATIONS/BUSINESS</b>	
\$40 (ea)	Certificate of Status (available <a href="#">on-line</a> ) The Certificate confirms that the entity is on record and is in good standing.
\$40 (ea)	Certificate of Search
\$20 (ea)	Photocopy of any Articles:
\$40 (ea)	Certified copy of any Articles:
\$15 (ea)	Photocopy of corporate document except Articles:
\$20 (ea)	Certified copy of corporate document except Articles:
\$15 (ea)	Photocopy of any business document:
\$20 (ea)	Certified copy of any business document:
\$5 (ea)	File Summary (available <a href="#">on-line</a> )
\$5 (ea)	Available on documents filed <b>on or after July 10, 2017</b> Historical File Summary: Event _____ Dated: _____
<b>F COOPERATIVES</b>	
\$20 (ea)	Certificate of Status
\$20 (ea)	Certified copy or photocopy of Articles
\$5 (ea)	File Summary (available <a href="#">on-line</a> )
Certified copy or photocopy of any document not otherwise provided for: \$5.00 first page/ .50 each additional page.	
<b>G</b>	<b>On Account (Deposit account holders only)</b> Charge to Account Number _____ Client Reference Number (optional) _____ (Fees will be deducted from the account when the filing is completed. Ensure the account contains sufficient funds)
<b>Office use only</b>	Released by: _____
Received: _____	Date: _____
Amount: _____	
Account: _____	

### PAYMENT OPTIONS

**If paying by Credit Card/Cheque or MO - submit form with payment by mail or drop box in the lobby at 405 Broadway.  
Do not email or fax payment option forms.**

- Cheque/Money Order – Payable to the Minister of Finance
- Visa or Mastercard - Complete form below.

**(Print Clearly)**

*MASTER CARD*

*VISA*

Cardholder's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Business or Corporation Name: \_\_\_\_\_

**Cardholder's Signature: X** \_\_\_\_\_ Amount of Payment: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_