

**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>B</b> Name Reservation Number, if applicable: _____</p>	<p><b>C</b> EXPEDITED SERVICE REQUESTED: (additional fees apply)</p>	<p><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</p>
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<p><b>E</b> 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><b>F</b> Provide an <b>email address</b> 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):