

DATE OF REQUEST _____ YOUR FILE NUMBER _____

1. Legal Entity – Existing or Proposed (for which services are required)	Corporate Access Number _____
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2. Name _____

Address (Street) _____

City, Province, Postal Code _____

Telephone (Res) (____) _____ - _____ (Bus) (____) _____ - _____

(Cell) (____) _____ - _____ (Fax Number) (____) _____ - _____

3. Service will be:

Mailed Out

Picked Up

_____ Edmonton

_____ Calgary

Call Box No. _____

4. Payment Options: AMOUNT \$ _____

Cash Cheque No. _____ Account No. _____

VISA _____ -- _____ -- _____ -- _____ Mastercard _____ -- _____ -- _____ -- _____

 Authorization Number Expiry Date Signature of Cardholder

5. Type of Service: (check **one** only)

<input type="checkbox"/> 120-Day Waiver	<input type="checkbox"/> Bylaw Amendment	<input type="checkbox"/> Notice of Address
<input type="checkbox"/> Amalgamation	<input type="checkbox"/> Cross-Border Amalgamation	<input type="checkbox"/> Object Amendment
<input type="checkbox"/> Annual Return	<input type="checkbox"/> Dissolution/Liquidation	<input type="checkbox"/> Revival
<input type="checkbox"/> Articles of Amendment	<input type="checkbox"/> Incorporation	<input type="checkbox"/> Restoration
	<input type="checkbox"/> Name Change	<input type="checkbox"/> Other (explain below)

6. Special Instructions for any of the above services:

Signature

Print Name

This information is being collected for the purposes of corporate registry records in accordance with the Societies Act. Questions about the collection of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for the Alberta Government, Box 3140, Edmonton, Alberta T5J 2G7, (780) 427-7013

INSTRUCTIONS

- ITEM 1** Indicate the name(s) of the Legal Entity(ies) and if known, the access number. When the service being requested is a name change, English/French equivalent, or amalgamation, list the current name(s) as well as the proposed name(s).
- ITEM 2** State complete name, address, telephone number(s), and if applicable the FAX number of the individual or company requesting the service.
- ITEM 3** Indicate whether the service is to be:
- Mailed Out
 - Picked up in Edmonton or Calgary
 - Placed in Call Box
- ITEM 4** State what form of payment is accompanying the request. The cheque number or charge card account number **must** be filled in when applicable.
- ITEM 5** Complete a separate form for each type of service required except annual returns.
- ITEM 6** Special instructions must be indicated as applicable.

Complete this form and return along with the appropriate fee. Make cheque payable to the Minister of Finance and mail to:

Mailing: Service Alberta
PO Box 1007 STN MAIN
EDMONTON AB T5J 4W6

Walk-in Service: Corporate Registry
John E. Brownlee Building
10365 97 Street
Edmonton, Alberta T5J 3W7

For Information Call:
Edmonton (780) 427-2311
Toll-free: 310-0000 and then dial 427-2311