

DATE OF REQUEST \_\_\_\_\_ YOUR FILE NUMBER \_\_\_\_\_

|                                                                                  |                            |
|----------------------------------------------------------------------------------|----------------------------|
| 1. Legal Entity Name – Existing or Proposed<br>(for which services are required) | Corporate Access<br>Number |
|                                                                                  |                            |

|                                                                   |                                                                                                                                                                                                |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Name _____                                                     | 3. Service will be:<br><br><input type="checkbox"/> Mailed Out<br><br><input type="checkbox"/> Picked Up<br>_____ Edmonton<br>_____ Calgary<br><br><input type="checkbox"/> Call Box No. _____ |
| Address (Street) _____                                            |                                                                                                                                                                                                |
| City, Province, Postal Code _____                                 |                                                                                                                                                                                                |
| Telephone (Res) (_____) _____ - _____ (Bus) (_____) _____ - _____ |                                                                                                                                                                                                |
| (Cell) (_____) _____ - _____ (Fax Number) (_____) _____ - _____   |                                                                                                                                                                                                |

|                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. Payment Options: AMOUNT \$ _____                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Cash <input type="checkbox"/> Cheque No. _____ <input type="checkbox"/> Account No. _____                                                                                                                                                                         |
| Commencing January 1, 2013, Corporate Registry can only accept credit cards as payment for transactions when presented in person by the credit card holder. Documents received in the mail after this date that include credit card information will be returned unfiled to the submitter. |

|                                                |                                                    |                                                |
|------------------------------------------------|----------------------------------------------------|------------------------------------------------|
| 5. Type of Service: (check <b>one</b> only)    | <input type="checkbox"/> Bylaw Amendment           | <input type="checkbox"/> Notice of Address     |
| <input type="checkbox"/> 120-Day Waiver        | <input type="checkbox"/> Cross-Border Amalgamation | <input type="checkbox"/> Object Amendment      |
| <input type="checkbox"/> Amalgamation          | <input type="checkbox"/> Dissolution/Liquidation   | <input type="checkbox"/> Revival               |
| <input type="checkbox"/> Annual Return         | <input type="checkbox"/> Incorporation             | <input type="checkbox"/> Restoration           |
| <input type="checkbox"/> Articles of Amendment | <input type="checkbox"/> Name Change               | <input type="checkbox"/> Other (explain below) |

6. Special Instructions for any of the above services:

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\_\_\_\_\_  
Signature\_\_\_\_\_  
Print Name

This information is being collected for the purposes of corporate registry records in accordance with the Societies Act, Companies Act, Religious Societies Land Act, Business Corporations Act, and/or Partnership 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

Form revised 11/2013

## 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 **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**