

|  |   |
|--|---|
| <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   | Certificate of Status (available <a href="#">on-line</a> ) The Certificate confirms that the entity is on record and is in good standing.   |
| \$40   | Certificate of Search   |
| \$20   | Photocopy of any Articles:  |
| \$40   | 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  | File Summary (available <a href="#">on-line</a> )   |
| \$5  | Available on documents filed <b>on or after July 10, 2017</b><br>Historical File Summary: Event _____ Dated: _____  |
| <b>F COOPERATIVES</b>  |   |
| \$20   | Certificate of Status   |
| \$20   | Certified copy or photocopy of Articles   |
| \$5  | 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><br>Charge to Account Number _____<br>Client Reference Number (optional) _____<br>(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: \_\_\_\_\_