

**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            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):

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1. Name of corporation

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2. Home Jurisdiction Registry Number

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The corporation is no longer carrying on its business or undertaking in Manitoba and requests its registration be cancelled pursuant to section 194(1)(a).

Date	Signature	Description of Office

Available in alternate formats, upon request