

**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):

The Corporations Act  
**APPLICATION FOR SUPPLEMENTARY  
CERTIFICATE OF REGISTRATION**



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1. Name of body corporate (after continuance, change of name or amalgamation)

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2. Date of continuance, change of name or amalgamation

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3. Registered office address in current jurisdiction (include postal code)

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**COMPLETE ONLY ITEM 4, 5, 6 OR 7**

4. **CONTINUANCE**

(a) If change of name occurred, current name on record in Manitoba

(b) New jurisdiction and governing statute

(c) New Home Jurisdiction Registry Number

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5. **CHANGE OF NAME**

(a) Current name in Manitoba

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6. **AMALGAMATION**

a) Jurisdiction of amalgamation

b) Home Jurisdiction Registry Number

c) Business number of amalgamated corporation (if already assigned)

d) Names of **all** amalgamating bodies corporate

Office Use Only

**7. CORRECTION OF ERROR IN PREVIOUS APPLICATION**

a) Date of application being corrected

b) Details

Date

Signature

Office held