

**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</p> <p>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</p> <p>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 Business Names Registration Act  
**REGISTRATION OF A BUSINESS NAME**



**PLEASE PRINT OR TYPE.**

1) **Business name**

2) Name and address (include postal code) to which duplicate should be returned and Renewals will be mailed

3) Contact person, if different from registrant

Tel. (8:00-4:30)

4) The place of business is (full address, including postal code)

**Note:** The listing of a business address outside of Manitoba constitutes a statement by you that the business has no physical address in Manitoba. Where the business has a physical address in Manitoba, the Manitoba address must be listed.

5) The date of start of business (cannot be more than 30 days in future)

6) The main type of business is

7) (a) Does the registrant(s) of this business have a [Business Number](#):

Yes

No

(b) If the answer to (a) is “yes”, please set out the Business Number.

**Declaration:**

The business name being registered is not that of another known firm, company, corporation or unincorporated association, or a name liable to be confounded or confused with the other name, or otherwise objectionable on public grounds.

No other firm, person or corporation is associated in partnership with the registrant(s).

8) Registrant(s) –

**Note:** Please ensure that you register your business the same when registering with other government offices. For example, if you register a business name with the Companies Office as a sole proprietorship, it is important to register as a sole proprietorship when registering with other government offices.

Full name

Residence address

Signature

A schedule is attached with the names, addresses, and signatures of additional registrants.

**IF TWO OR MORE REGISTRANTS ARE LISTED ABOVE:** Where there is more than one (1) registrant listed above, the business will be characterized and coded in the records of the Companies Office as a “partnership”, unless you advise in writing, at the time that this document is filed, that the business is not a partnership.

