

REMOTE SERVICE REQUEST FORM

REQUESTERS INFORMATION

LAST NAME		FIRST NAME	
ADDRESS			
CITY		PROV/STATE	POSTAL / ZIP
PHONE	FAX	E-MAIL ADDRESS	
PAYMENT TYPE (CIRCLE) VISA / M/C / CHEQUE / MO <small>MAIL IN SERVICE ONLY</small>		CREDIT CARD INFORMATION (IF APPLICABLE)	
DELIVERY METHOD (CHECK OFF PREFERENCE) <input type="checkbox"/> REGULAR MAIL/COURIER (ADDITIONAL FEE - CIRCLE) <input type="checkbox"/> E-MAIL (IF POSSIBLE) (NO ADDITIONAL FEE) <input type="checkbox"/> FAX (NO ADDITIONAL FEE) <input type="checkbox"/> LONG DISTANCE FAX (ADDITIONAL FEE)		CREDIT CARD NUMBER	
		ISSUED TO	
		EXPIRY DATE (MM/YY)	CVV (SECURITY CODE)
APPLICANT'S SIGNATURE (REQUIRED)		CREDIT CARD HOLDER'S SIGNATURE (REQUIRED IF APPLICABLE) I AUTHORIZE WEST-END / CALLINGWOOD REGISTRIES TO USE MY CREDIT CARD FOR THE SERVICES REQUESTED	

Notice Of Address Or Notice Of Change Of Address

Business Corporations Act
Section 19

1. **Name of Corporation**

2. **Corporate Access Number**

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3. **Address of Registered Office** (*P.O. Box number **can only** be used by a Society*)

<i>Street</i>	<i>City / Town</i>	<i>Province</i>	<i>Postal Code</i>

OR

Legal Land Description	<i>Section</i>	<i>Township</i>	<i>Range</i>	<i>Meridian</i>

4. **Records Address** (*P.O. Box number **cannot** be used*)

<i>Street</i>	<i>City / Town</i>	<i>Province</i>	<i>Postal Code</i>

OR

Legal Land Description	<i>Section</i>	<i>Township</i>	<i>Range</i>	<i>Meridian</i>

5. **Address for Service by Mail** (*If different from Item 3*)

NOTE: *If this is a change, please read instructions carefully.*

<i>Post Office Box Only</i>	<i>City / Town</i>	<i>Province</i>	<i>Postal Code</i>

Name of Person Authorizing (*please print*)

Telephone Number (*daytime*)

Date

Identification

Title (*please print*)

This information is being collected for the purposes of corporate registry records in accordance with the Business Corporations Act. Questions about the collection of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for Alberta Registries, Research and Program Support, 3rd Floor, Commerce Place, 10155 - 102 Street, Edmonton, Alberta T5J 4L4, (780) 422-7330.

Notice Of Address Or Notice Of Change Of Address

BUSINESS CORPORATIONS ACT

INSTRUCTIONS

This information must be submitted to your authorized service provider for filing with the Registrar upon incorporation, continuance or amalgamation or within 15 days of a change. It is not to be used by extra-provincial corporations.

Information filed with the Registrar pursuant to the Business Corporations Act must conform to Section 1 of the Regulations made under the Act.

For new corporations, continuances or amalgamations, Items 1 and 3 **must** be completed, and if applicable Items 4 and 5. For a change of address, Items 1 and 2 **must** be completed; as well as the address to be changed (Items 3, 4 or 5).

Item 1. Enter the corporation's full legal name.

Item 2. If this is for a change of address, you must enter the corporate access number. It is printed on the top right-hand corner of the:

- Certificate of Incorporation
- Certificate of Continuance
- Certificate of Amalgamation

Item 3. This address is required for all corporations and it **must** be:

- accessible for service by delivery
- accessible to the public during normal business hours
- in Alberta

Enter **one** of the following:

- the complete street address including postal code, or
- a legal land description. If you give a legal description, you **must** complete Item 5, giving a mailing address.

Item 4. You must complete this item if the corporation's records are kept somewhere other than at the registered office.

This address **must** be:

- in Alberta
- accessible to the public during normal business hours.

Enter **one** of the following:

- the complete street address, including postal code, or
- the legal land description

Item 5. Complete this item **ONLY IF** the corporation uses a post office address for mail delivery. This address **must** be:

- in Alberta
- a post office box

If this is a change of address and Item 5 no longer applies, **you must enter "N/A" in this space**, otherwise your mail will continue to be sent to your old post office address.

The following information must be included:

- name of person authorizing (director/authorizing officer)
- title
- identification
- date
- daytime telephone number

When the information is submitted to your service provider, identification of the authorized person/officer/director/declarant will be required.