

## NUANS Report Request Form

Contact Name: \_\_\_\_\_ Tel: (    ) Cell: (    ) Date: \_\_\_\_\_

### 1. Proposed Corporation Name

NUANS: one report for *ONTARIO* Incorporation: Regular Service: \$47.46 (\$42.00 + HST)  
(Note: with a maximum of three free preliminary checks, and one official NUANS report on your preferred order.)

NUANS: one report for *FEDERAL* Incorporation: Regular Service: \$47.46 (\$42.00 + HST)  
(Note: WITHOUT free preliminary check; please provide one name only.)

Profit corporation name must end with one of the following legal words. Please mark one you prefer to:

LIMITED                       INCORPORATED                       CORPORATION                       LIMITEE  
 LTD.                               INC.                                       CORP.                                       INCORPOREE

List your proposed corporation name (For Ontario name search, you could list up to three names in a preferred order below):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

### 2. When report is ready ...

➤ Are you going to pick up the NUANS report?       YES      (\$2.00 for each extra copy)

➤ Do you require email back the NUANS report?       YES      (Computer printout is acceptable by the Companies Branch)

Your Email Address: \_\_\_\_\_ (NUANS report is in PDF format)

➤ Do you require fax back the NUANS report?       YES      (Only a *CLEAR* Fax copy is acceptable by the Companies Branch)

Your Fax number: \_\_\_\_\_ Attention: \_\_\_\_\_

### 3. Payment by Major Credit Cards

You need provide us your credit card information for any fax-in order for NUANS report.  
Your NUANS report Fees will be charged on this card.

CARD HOLDER'S NAME and SIGNATURE:                       VISA                       MasterCard                       American Express

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Card Number: |\_\_|\_\_|\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_|      Expire Date: |\_\_|\_\_| / |\_\_|\_\_|

Security Code: \_\_\_\_\_

The Cardholder Signature: **X** \_\_\_\_\_  
Please *sign here* to acknowledge by fax or email this order and agree to pay by the credit card.