



## Authorization for Documents Filing to Service Ontario

I, \_\_\_\_\_  
(First name, Middle names and Surname)

address for service

\_\_\_\_\_  
(Street & No. or R.R. No., Municipality, Province, Country & Postal Code)

am

- Owner of the Sole-Proprietorship*  
 *Director of the Corporation*  
 *other individual having knowledge of the affairs of the Corporation*

(Check appropriate box)

*operating as business name:*

\_\_\_\_\_  
(Business Name)

I hereby authorize BEST ONTARIO INC. to serve as my representative and to conduct business on my behalf with Service Ontario - Business Registry.

I authorize Service Ontario to release information from my file.

I certify that the information set out hereafter, is true and correct.

\_\_\_\_\_  
(Signature of the Authorizing Person)

**By signing this form, you acknowledge that you have relevant knowledge and that you are authorized to submit this form.**