

Ontario Business Name Registration - Individual Partners -

Name and Address for Service of Individual Partners

FIRST	First Name:	Middle Initial:	Last Name:
	<input type="checkbox"/> <i>Same as business address</i> Suite:	Street No. & Name:	
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code:	City:

SECOND	First Name:	Middle Initial:	Last Name:
	<input type="checkbox"/> <i>Same as business address</i> Suite:	Street No. & Name:	
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code:	City:

THIRD	First Name:	Middle Initial:	Last Name:
	<input type="checkbox"/> <i>Same as business address</i> Suite:	Street No. & Name:	
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code:	City:

FORTH	First Name:	Middle Initial:	Last Name:
	<input type="checkbox"/> <i>Same as business address</i> Suite:	Street No. & Name:	
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code:	City:

FIFTH	First Name:	Middle Initial:	Last Name:
	<input type="checkbox"/> <i>Same as business address</i> Suite:	Street No. & Name:	
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code:	City:

Print name of person authorizing this registration: _____

Authorizing Person Signature: _____

Ontario Business Name Registration - Corporation Partners -

Name and Address for Service of Corporation Partners

FIRST	Corporation Name:	Director Name:		
	<input type="checkbox"/> Same as business address	Suite:	Street No. & Name:	
	Postal Code:	City:		Province: <input type="checkbox"/> ONTARIO

SECOND	Corporation Name:	Director Name:		
	<input type="checkbox"/> Same as business address	Suite:	Street No. & Name:	
	Postal Code:	City:		Province: <input type="checkbox"/> ONTARIO

THIRD	Corporation Name:	Director Name:		
	<input type="checkbox"/> Same as business address	Suite:	Street No. & Name:	
	Postal Code:	City:		Province: <input type="checkbox"/> ONTARIO

FORTH	Corporation Name:	Director Name:		
	<input type="checkbox"/> Same as business address	Suite:	Street No. & Name:	
	Postal Code:	City:		Province: <input type="checkbox"/> ONTARIO

FIFTH	Corporation Name:	Director Name:		
	<input type="checkbox"/> Same as business address	Suite:	Street No. & Name:	
	Postal Code:	City:		Province: <input type="checkbox"/> ONTARIO

Print name of person authorizing this registration: _____

Authorizing Person Signature: _____

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 Company

(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.