

~~MULTIPURPOSE~~
~~REGISTER~~

I, _____
(First name, Middle names and Surname)

address for service

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

am

- a Director ~~MLR~~
- ~~DOB~~ ~~MLR~~
- ~~W/ LGYO~~ ~~MLR/DL~~ ~~MLR~~

(Check appropriate box)

~~RIW~~ ~~IROOBZ~~ ~~FRSRDQ~~

BB

DPH RI&RSDQ

~~KHEDR~~ ~~Q&RMD~~ ~~FUSHMD~~ ~~MDQ~~

FRSRDQ 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.

This application is executed in duplicate
La présente requête est faite en double exemplaire.

Current Name of Corporation
Dénomination sociale actuelle de la personne morale

By
Par :

Signature
Signature

Description of Office
Fonction

Signature
Signature

Description of Office
Fonction