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Ontario Business Name Registration (Trade Name)

Contact Name:	Tel: ()		Cell: ()	Date:
1. Proposed Business Name	□ <i>N</i> .	EW R	ENEWAL	AMENDMENT	CANCELLATION
2. Address of Principal Place of Br	ısiness in Or	ıtario			
Suite/Apt./Unit: Street No	& Name:				
City: Province:	<i>ONTARIO</i> P	ostal Code:		Business Phor	ne: ()
3. Brief Description of Business					
4. Corporation Information	Jurisdiction in	which the Corp	ooration was i	ncorporated: \square O	NTARIO 🗌 FEDERAL
Corporation Full Legal Name:					
Ontario Corporation Number:		Addı	ress of Head	or Registered Office o	of the Corporation:
Suite/Apt./Unit: Street No	& Name:				
City: Province:	☐ <i>ONTARIO</i> P	ostal Code:		Business Phor	ne: ()
5. Mailing Address of Registrant	☐ Same as µ	orincipal place	of business a	ddress OR 🗌 Sam	e as corporation address
6. Name of Person Authorizing thi	s Registratio	n (one of t	ne Directo	or of Incorporati	on)
First Name:	Middle Initial:		Last Name:		
7. When Business Name is ready .					
Do you require fax back the Business Name	? \[\sum \text{YES}	Fax:		Attention:	
> Do you require email back the Business Nar	ne?	E-mail:			
Are you going to pick up the Business Name	? \[\sum \text{YES}	□ <i>NO</i> (Y	our business	name will mailed bac	k via regular mail.)
8. Payment by Major Credit Card	5	(all pr	ices include	Government fee,	Service fee and HST)
Choose Filing Method: \$133.45 Electronic	filing (For New reg	gistration only)	OR	\$153.45 Manua	l filing (For New or Renewa
CARD HOLDER'S NAME and SIGNATU	RE:	□VISA	☐ Mas	sterCard	nerican Express
First Name:	Middle Initial:		Last Name:		
Card Number: _	_	_	_	Expire Date: Security Cod	/ e:
The Cardholder Signature: X	nere to acknowle	dge by fax or	email this o	rder and agree to pa	ay by the credit card.