The Corporations Act **APPLICATION FOR REGISTRATION**



1.	Name of body corporate			2. Business Number
	, ,			
3.	Current jurisdiction		4. Da	te of incorporation or amalgamation
5.	Registered office address in current ju	risdiction (include postal code)		
6.	Name and address in full of any reside Name	ent director, officer or attorney for servic Address	e in Manitoba	Office held
7.	Date of start of business in Manitoba,	if determined		
8.	Type of business in Manitoba			cify the type of body corporate Share
10.	Names of amalgamating bodies corporate, if applicable			
11.	The body corporate exists in its current jurisdiction.			
12.	The above statements are true.			
	Date	Signature		Office held
OFF	ICE USE ONLY		<u>l</u>	FORM 5
Corp	oration Number:			