

1.	Search type please (check one):						
	 Federal search Extra provincia 	(required if name b	begins with 'Canada' or 'Ca	nadian)	Fee: \$53.25 + HS Fee: no charge		
2.	Requested name						
3.	(print or type clearly) Clearly describe your business activities:						
4.	Please indicate the type of registration:						
	 Sole proprietorship Corporation Partnership Co-operative Society Business name owned by a society Extra-provincial limited partnership Extra-provincial corporation 						
A	oplicant Informa	tion					
5.	Name		(middle)		(last)		
6.	Mailing address a	and contact info	ormation:				
	(civic number and		(suite/apt/unit)				
	(po box)	(city)		(province)	(country)	(postal code)	
	(phone)	(fax)		(e-mail)		
7.	Sole proprietorships, partnerships and business names owned by a corporation may be able to register online. If your business qualifies you will receive a Registration ID by your preferred contact method.						
W	hat is your preferre	ed contact met	hod? 🖵 mailing	g address	fax		
8.	. Payment type:	🖵 Cheque	🖵 Money Order	Please no	te:		
(credit card account number			MasterCard	 if this name is reserved for your use, you will be required to register and do business using the exact name as registered 			
				* if this na	me is reserved for	your use, we	
(expiry date) (card holders name)			name)		 will send you the results of our name search and an application for registration 		
(signature)					_ * do not send a registration form with this reservation request form		

Nova Scotia Registry of Joint Stock Companies, PO Box 1529, Halifax, NS, B3J 2Y4 Need help? Contact us at 902-424-7770 (toll-free in Nova Scotia: 1-800-670-4357) or at www.gov.ns.ca/snsmr/forms/rjsc.stm NR010 v0606