Canadian Registration

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OSI Registration Request Form - General Information

OSI Registrar Office Use Only	Received	Date:/
Orş	ganization Information	
Organization Name:Organization Acronym:	-	
Incorporation number if (applicable): _ Province/federal Incorporation:		
Business Classification:	_	
Street Address or post office box:		
City:	Province:	Postal Code:
Country:		
If your organization has previously regiand specify its value:	istered any information objects,	please indicate the type
NSAP org-ID: object identifier:_	Directory name:	ADMD/PRMD:
Value of any one of the objects already	y registered	
Re	quester Information	
Surname:Title:		
Phone Number: () Fax Number : () E-mail address:		

Canadian Registration

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OSI Registration Request Form - General Information Organization Contact Information

	Given Name:	
Division/Mail Stop:		
Street or post office box address: _		
City:	Province: F	Postal Code:
FAX Number: ()	Ext:	
	COMMENT	
	ristry data (150 characters maximum):	
COSIRA/GORA will process this a	to suspend service from any registered application with due care and diligence for any errors that occur during the pro-	; however,
I agree to the limits of COSIRA/GO	ORA liability as set out above, and cert	ify that:
a. the information provided in th	is application is correct to the best of n	ny knowledge; and
h the againstian for whom I are	n submitting this application has the rig	ghts to use the object
b. the organization for whom I an identifier component name bei	ng registered.	v

Tuesday, February 08, 2000