

Partnership, Joint Venture or Syndicate

Form A.1

INSTRUCTIONS FOR COMPLETION

- Item 1:** Type or print the name of the business.
- Item 2:** Enter the physical location of the business. A box number is not acceptable.
- Item 3:** If the mailing address is the same as the location of the business, check the “Same as Above” checkbox. If the mailing address is not the same as the location of the business, enter the mailing address.
- Item 4: 1)** If the applicant is an individual, the applicant’s full name, address including postal code and signature are required.
- 2)** If the applicant is a corporation, Indian band or Limited Partnership, the name, entity number and signature of an authorized officer are required.
- Item 5: 1) A)** If you have not commenced business, check the box indicating the applicable description.
- B)** If you are a continuing business, check the box indicating the applicable description.
- 2)** Only those entities listed in item 4 may carry on business in association with the firm

Completed documents, in duplicate, and the prescribed fee payable to the **Minister of Finance** are to be sent to:

Director, Corporations Branch
200, 1871 Smith Street
Regina, Saskatchewan
S4P 4W5