



CORPORATIONS BRANCH WEB INQUIRY APPLICATION

**REQUESTS SHOULD BE SUBMITTED AT LEAST FIVE WORKING DAYS PRIOR TO THE DATE REQUIRED.*

USER INFORMATION (PLEASE PRINT)

Organization Name:		
Address:		
City:	Prov:	Postal Code:
Contact/Authorization Person:		Signature:
Phone:	Fax:	E-mail:
Date required:	Deposit account number (for non-government agencies only):	

Please **delete** the following individuals from the above account:

Name:
User ID:

Name:
User ID:

Name:
User ID:

Name:
User ID:

Name:
User ID:

Name:
User ID:

Send applications to:
 Corporations Branch
 200, 1871 Smith Street
 Regina, Sask.
 S4P 4W5
 Fax (306)787-8999

(For Office Use Only)		
Completed by:	Signature:	Date: