The Corporations Act

APPLICATION FOR SUPPLEMENTARY CERTIFICATE OF REGISTRATION

Instructions

Français

Manitoba

1. Name of body corporate (after continuance, change of name or amalgamation)

2. Date of continuance, change of name or amalgamation

3. Registered office address in current jurisdiction (include postal code)

COMPLETE ONLY ITEM 4, 5, 6 OR 7.

4. **CONTINUANCE**

(a) If change of name occurred, current name on record in Manitoba

(b) Business Number

(c) New jurisdiction and governing statute

5. **CHANGE OF NAME**

(a) Current name in Manitoba

(b) Business Number

6. **AMALGAMATION**

a) Jurisdiction of amalgamation

b) Names of **all** amalgamating bodies corporate

c) Business Number
(for bodies corporate registered in Manitoba)

d) Business number of amalgamated corporation (if already assigned)

7. **CORRECTION OF ERROR IN PREVIOUS APPLICATION**

a) Business Number

b) Date of application being corrected

c) Details

Date	Signature	Office held

Form 6

OFFICE USE ONLY

Corporation Number: _____

Reset Print