

The Business Names Registration Act
CHANGE OF BUSINESS NAME



PLEASE PRINT OR TYPE.

1) New business name		
2) Name and address to which duplicate should be returned (include postal code)	3) Contact person, if different from registrant	
	Tel. (8:00-4:30)	
4) Former business name (as registered)		
5) Date name change occurred		
6) The place of business is (full address, including postal code)		
7) The main type of business is		

Declaration:

The business name being registered is not that of another known firm, company, corporation or unincorporated association, or a name liable to be confounded or confused with the other name, or otherwise objectionable on public grounds.

8) Registrant(s) on file		
Full name	Residence address	Signature
A schedule is attached with the names, addresses and signatures of additional registrants.		

OFFICE USE ONLY
Date of Filing: _____
Date of Expiry Remains: _____
Registration Number: _____
Business Number: _____

Cash Register Endorsement