



FOR OFFICE USE ONLY	
Date Received	_____
Date Processed	_____
Initials	_____

Change of Address/Method of Delivery Application

(For Client Number changes only)

SECTION A - CLIENT INFORMATION

Client Number (Required)

Individual or Business Name (Required)

SECTION B - CHANGE METHOD OF DELIVERY

Email: _____
(include a valid email address)

Canada Post Fax (include Fax Number within Section C)

SECTION C - CHANGE OF ADDRESS

Name of Recipient (if different than outlined in Section A)

Address

City _____ Province/State _____

Country (if outside of Canada) Postal/Zip Code Phone Number (include Area Code) Fax Number (include Area Code)

SECTION D - SUBMITTING PARTY INFORMATION (Required)

Contact Name

Phone Number (include Area Code) Fax Number (include Area Code)

Email Address

SECTION E - DATE & SIGNATURE

Date: _____ Client Signature: _____

Print Name: _____

(When signing on behalf of an Individual or Business Name, indicate legal authority):

Send to Information Services Corporation at: e-Business, 1301 1st Avenue, Regina, SK S4R 8H2

-OR- Email: e-BSC@isc.ca **-OR-** Fax: (306) 798-1399