



Corporate Entity Client Number Amalgamation

NOTE: Please ensure the completed *Affidavit for Corporate Entity Client Number Amalgamation* is included

SECTION A – CLIENT INFORMATION

Client Number (Required)

Corporate Name (Required)

SECTION B – OTHER CLIENT INFORMATION

Client Number(s):

Corporate Name(s): (all must be the same to Amalgamate)

ATTACHED (attach a list if more than 6 Client Numbers are being amalgamated)

SECTION C – CONTACT INFORMATION

Contact Name

Phone Number (include Area Code)

Address

Fax Number (include Area Code)

City

Province/State

Postal/Zip Code

Country (if outside Canada)

Email Address

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



Affidavit for Corporate Entity Client Number Amalgamation

I, _____, of _____ in the Province of _____,
 _____ (Name) _____ (Town/City)
 _____ (Province), make oath to say that:

1. I am an officer of _____ identified in Section A in the attached
 _____ (Corporation Name)
Corporate Entity Client Number Amalgamation application ("Application") and am authorized to swear this Affidavit on behalf of the Corporation.
2. Each of the clients listed in Section B of the attached Application is the same as the client listed in Section A of the Application.
3. I make this Affidavit for the purpose of amalgamating the clients listed in Section B to the client listed in Section A of this Application.

Sworn before me at _____
 _____ (Town/City)
 in the Province of _____
 _____ (Province)
 on _____
 _____ (Date - dd/mmm/yyyy)

 Client Signature

 (Signature)

A Commissioner of Oaths for Saskatchewan
 My Commission/Appointment expires _____
 -OR- _____ (Date - dd/mmm/yyyy)

Notary Public for the
 Province of _____
 _____ (Province)

My Commission/Appointment Expires _____
 OR Being a Solicitor _____ (Date - dd/mmm/yyyy)