



Individual Client Number Amalgamation

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

SECTION A – CLIENT INFORMATION

Client Number (Required)

Client Name (Required)

SECTION B – OTHER CLIENT INFORMATION

Client Number(s):

Client Name(s): (all must be exactly 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 Individual Client Number Amalgamation

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

1. I am the client identified in Section A of the attached *Individual Client Number Amalgamation* application ("Application").
2. Each of the clients listed in Section B of the attached Application is the same as the client listed in Section A of this 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 _____
(Date - dd/mmm/yyyy)
-OR-

Notary Public for the
 Province of _____
(Province)

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