FOR OFFICE USE ONLY	
Client Number	
Date Received	
Date Processed	
Initials	

New Client Application

SECTION A - CLIENT NAME

Person Name

Last Name | First Name | Second Name | Third Name

Generational Indicator - Optional
(ex., Junior, Senior, etc.)

-OR-

Business Name

SECTION B - METHOD OF DELIVERY

☐ Email ☐ Fax ☐ Canada Post

Email Address

SECTION C - ADDRESS

Attention

Address

City

Province/State

Country(if outside of Canada)

Postal/Zip Code

Phone Number (incude Area Code)

Fax Number (include Area Code)

SECTION D - SUBMITTING PARTY INFORMATION (if different from above)

Contact Name

Phone Number (incude Area Code)

Fax Number (include Area Code)

Email Address

Please note: Regardless of the method of delivery selected, the notice for this request will be sent via the email provided in this section.

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