

Government of Northwest Territories Territories Territories Territoires du Nord-Ouest

## PARTNERSHIP °V) "yo'√v-∞V°U-OACT APPLICATION TO AMEND BUSINESS NAME (SOLE PROPRIETORSHIP)

1) NAME OF BUSINESS (SOLE PROPRIETORSHIP)

| FILED – DÉPÔT                               |  |  |  |  |  |
|---|--|--|--|--|--|
| Internal Use Only/À usage interne seulement |  |  |  |  |  |
| File :                                      |  |  |  |  |  |
| Date :                                      |  |  |  |  |  |
|   |  |  |  |  |  |
| REGISTRAR OF CORPORATIONS                   |  |  |  |  |  |
| REGISTRAIRE DES SOCIÉTÉS                    |  |  |  |  |  |

|  | ,   |                       |                             |             |
|--|---|-----------------------|-----------------------------|-------------|
|  |   |                       |                             |             |
| 2) Six digit registration number   |   |                       |                             |             |
| 3) Complete all applicable section. The name of the individual or co                               | rporation <b>using</b> the Busine                                 | ess Name MAY NOT      | be amended/changed.         |             |
| a. Change address of <b>individua</b>  |   |                       |                             |             |
| Postal AND physical address (eg. h   |   | lock & plan)          |                             |             |
| address  | municipality  |                       | territory/province          | postal code |
|  |   |                       |                             |             |
| b. Change address of <b>Business</b>   | to  |                       |                             |             |
| Postal AND physical address (eg. h   | ouse and street number OR lot, b                                  | lock & plan)          |                             |             |
| address  | municipality  |                       | territory/province          | postal code |
| C. Change nature of huginess   |   |                       |                             |             |
| c. Change nature of business  Briefly and clearly describe the na                                  | atura au trus a ef businasa a                                     | auriad aut by thia D  |                             |             |
| Briefly and clearly describe the na  | acure or type or business ca                                      | arried out by this bu | isiliess                    |             |
| I HEREBY DECLARE that this appl  | ication to amend  |                       |                             |             |
| a. is made under Section 50 of tb. does <b>not</b> amend the Business                              | Name itself;  | ·                     | 1                           |             |
| <ul><li>c. does <b>not</b> transfer the Busine</li><li>d. that the information set forth</li></ul> |   | -                     | and                         |             |
| ★Forms with original signatures n<br>(Scans, photocopies etc. cannot b                             |   | Dated this _          | day of                      | , 20        |
|  | Per:  |                       | orized officer of corporat  |             |
|  | (original signatur  | e of individual/auth  | iorized officer of corporat | ion)        |
|  | nent of Justice, GNWT   5009-4<br>stère de la Justice, GTNO   500 |                       |                             |             |