



**Information
Services
Corporation**

Application Sequence Number

Application Sheet Count

Application for Alternate Authority

Title Owner OR Interest Holder

Client Number

Corporation Name OR Client Name (First, Second, Third and Last)

Alternate Type:

- Public Guardian and Trustee (Adult)
- Public Guardian and Trustee (Child)
- Property Guardian (Adult)
- Property Guardian (Child)
- Property Co-Decision-Maker
- Liquidator

Title Numbers	

Interest Numbers	

For each Alternate Authority complete one of Section A or B (Corporation must complete Section A)

Section A - Alternate Authority(ies) with Client Number(s)

Note: Use Client Application or Change of Name form to amend Client Information. Do NOT include in Packet.

<input type="checkbox"/> Add <input type="checkbox"/> Remove	Client Number(s)	Corporation Name OR Client Name (First, Second, Third and Last)
<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>

Section B - Alternate Authority(ies) without Client Number(s)

<input type="checkbox"/> Add	Client Name: Last	First	Second	Third
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Client Address	City	Province/State	Country (if outside Canada)	Postal/Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	Phone Number (include Area Code)		Fax Number (include Area Code)	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

<input type="checkbox"/> Add	Client Name: Last	First	Second	Third
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Client Address	City	Province/State	Country (if outside Canada)	Postal/Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	Phone Number (include Area Code)		Fax Number (include Area Code)	
<input type="text"/>	<input type="text"/>		<input type="text"/>	