



Client Branch Relationship Application

Section A – Principle Client Information Note: Use Change of Address/Method of Delivery Application to amend Client Information. Do NOT include in Packet.

Corporations Branch Entity Number (if applicable)

Client Number

Corporation Name **OR** Client Name

Section B – Branch Client Information

Client Number(s)

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

Affidavit of Identity

I, _____ of _____ make oath and say that:
Name Location

1. I am the client identified in Section A above.

OR

I am an authorized signing officer of _____ identified in Section A above.

2. Each of the clients identified in Section B above is a branch of the client identified in Section A above.

3. I make this affidavit for the purpose of relating the clients in Section B to the client in Section A.

Sworn before me at _____ on _____
Location Date (dd/mm/yy)

*A Commissioner for Oaths in and for Saskatchewan/
Notary Public **OR** other person authorized to take Oaths*

Signature

(Specify)

My commission/appointment expires _____
OR Being a Solicitor Date (dd/mm/yy)

Submitting Party Information

Contact Name: _____ Phone: _____

Fax: _____

E-mail: _____

Send to Information Services Corporation of Saskatchewan at: E-mail: e-bsc@isc.ca OR Fax: (306) 798-1399 OR E-Business Service Centre, 1301 1st Avenue, Regina, SK S4R 8H2