



For Office Use Only:
Client # issued: _____

Section A – Name (Required)

Type of Client: Person Firm/Business or Other

Person Name:

Last Name

First Name

Second Name

Third Name

Firm/Business or Other Name:

Section B – Optional Information (If Person type client is selected in Section A)

Male Female Date of Birth (dd/mm/yy): ____/____/____

Generation:

Senior Junior Elder Younger Other (specify): _____

Section C – Address (Required)

Attention: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Country: _____ Phone # (include area code): _____ Fax # (include area code): _____

Section E – Method of Delivery (Required)

To mailing address:
 Paper CD-ROM

By Fax Number indicated above **OR** Fax Number (include area code): _____

E-mail: _____

Section F – Submitting Party Information (if different from above)

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