

**FOR OFFICE USE ONLY**

Date Received _____
Date Processed _____
Initials _____

***Change of Address/Method
of Delivery Application***

(For Client Number changes only)

SECTION A - CLIENT INFORMATION

Client Number (Required)

Individual or Business Name (Required)

SECTION B - CHANGE METHOD OF DELIVERY

Email:

(include a valid email address)

Canada Post

Fax (include Fax Number within Section C)

SECTION C - CHANGE OF ADDRESS

Name of Recipient (if different than outlined in Section A)

Address

City

Province/State

Country (if outside of Canada)

Postal/Zip Code

Phone Number (include Area Code)

Fax Number (include Area Code)

SECTION D - SUBMITTING PARTY INFORMATION (Required)

Contact Name

Phone Number (include Area Code)

Fax Number (include Area Code)

Email Address

SECTION E - DATE & SIGNATURE

Date:

Client Signature: _____

Print Name:

(When signing on behalf of an Individual or Business Name, indicate legal authority):

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