



Corporate Entity Client Number Amalgamation

NOTE: Please ensure the completed ***Affidavit for Corporate Entity Client Number Amalgamation*** is included

SECTION A – CLIENT INFORMATION

Client Number (Required)

Corporate Name (Required)

SECTION B – OTHER CLIENT INFORMATION

Client Number(s):

Corporate Name(s): (all must be the same to Amalgamate)

ATTACHED (attach a list if more than 6 Client Numbers are being amalgamated)

SECTION C – CONTACT INFORMATION

Contact Name

Phone Number (include Area Code)

Address

Fax Number (include Area Code)

City

Province/State

Postal/Zip Code

Country (if outside Canada)

Email Address

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



Affidavit for Corporate Entity Client Number Amalgamation

I, _____, of _____ in the Province of _____
(Name) (Town/City)
(Province), make oath to say that:

1. I am an officer of _____ identified in Section A in the attached
(Corporation Name)
Corporate Entity Client Number Amalgamation application ("Application") and am authorized to swear this Affidavit on behalf of the Corporation.
2. Each of the clients listed in Section B of the attached Application is the same as the client listed in Section A of the Application.
3. I make this Affidavit for the purpose of amalgamating the clients listed in Section B to the client listed in Section A of this Application.

Sworn before me at

(Town/City)

in the Province of

(Province)

on

(Date - dd/mmm/yyyy)

Client Signature

(Signature)

A Commissioner of Oaths for Saskatchewan

My Commission/Appointment expires

-OR-

(Date - dd/mmm/yyyy)

Notary Public for the

Province of

(Province)

My Commission/Appointment Expires

(Date - dd/mmm/yyyy)

OR Being a Solicitor