



**Individual
Name Correction**

NOTE: Please ensure the completed ***Affidavit for Individual Name Correction*** is included

SECTION A – CORRECT CLIENT INFORMATION

Correct Last Name

Correct First Name

Correct Second Name

Correct Third Name

Correct Generational Indicator (Optional)

SECTION B – EXISTING CLIENT INFORMATION

Client Number(s):

Existing Client Name(s): (Required)

ATTACHED (attach a list if more than 6 Client Names are being corrected)

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 Individual Name Correction

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

1. I instructed the submission in error of Packet # _____ to the Land Registry in the name of _____
(Existing Client Name) affecting the registered title owner and/or interest holders as outlined within Paragraph 2.

-OR-

I am one and the same person as _____, recorded in the Land Registry
(Existing Client Name(s)) as the registered title owner and/or interest holder as outlined within Paragraph 2.

2. Titles/Interests held in the existing Client Name are:

Title	Interest	Title/Interest Number(s):	Title	Interest	Title/Interest Number(s):
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ATTACHED (attach a list if more than 6 Title/Interest Numbers)

3. This *Individual Name Correction* application is made such that the correct legal name may appear as

(Correct Client Name)

4. I make this Affidavit to have my name corrected in the Land Registry and to allow the Registrar of Titles to amend its records accordingly, and for no other purpose.

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

OR Being a Solicitor

(Date - dd/mmm/yyyy)