

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

SECTION A – CLIENT INFORMATION

Correct Corporate Name

SECTION B – EXISTING CLIENT INFORMATION

Client Number(s):

Existing Corporate Name(s):

☐ ATTACHED (attach a list if more than 6 Corporate Name corrections)

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 Name Correction

I, _____, of _____ in the Province of _____, make oath and say that:

(Name) (Town/City) (Province)

1. I am _____, of _____, and am authorized to swear this Affidavit on behalf of the above named Corporation.
(Position - i.e., President, Signing Officer etc.) (Corporation name as it currently exists in the Land Titles Registry)
2. Packet/Instrument # _____ was submitted to the Land Registry to register an Interest/Title in the name of _____
(Incorrect Name)
3. The application to the Land Registry referenced in Paragraph 2 was prepared in error as _____ has never existed as a registered corporate entity or business name in Saskatchewan.
(Incorrect Name)
4. The correct name that should appear on the Interest/Title is _____ not, _____
(Correct Name) (Incorrect Name)
5. _____ is currently registered at the Corporate Registry and is the same entity as _____
(Correct Name) (Incorrect Name)
6. I make this Affidavit to have the Corporate Name corrected 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 _____

(Date - dd/mmm/yyyy)

OR Being a Solicitor