



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

SECTION A – CORRECT CLIENT INFORMATION

Correct Client Name

[Text input field]

SECTION B – EXISTING CLIENT INFORMATION

Client Number(s): (Required)

[6 stacked text input fields]

Existing Client Name(s): (Required)

[6 stacked text input fields]

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

SECTION C – CONTACT INFORMATION

Contact Name

[Text input field]

Phone Number (include Area Code)

[Text input field]

Address

[Text input field]

Fax Number (include Area Code)

[Text input field]

City

[Text input field]

Province/State

[Text input field]

Postal/Zip Code

[Text input field]

Country (if outside Canada)

[Text input field]

Email Address

[Text input field]

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



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

1. I instructed the submission in error of Packet # _____ to the Land Registry in the name of _____ 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 as the registered title owner and/or interest holder as outlined within Paragraph 2.

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

Table with 6 columns: Title, Interest, Title/Interest Number(s), Title, Interest, Title/Interest Number(s). Contains 3 rows of empty boxes for data entry.

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 _____

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 _____ (Date - dd/mmm/yyyy)

-OR-
Notary Public for the
Province of _____ (Province)

My Commission/Appointment Expires _____ (Date - dd/mmm/yyyy)
OR Being a Solicitor