

Verification of Legal Registration

Date:

Requestor information
Name: _____
Department: _____
Phone: _____
Fax: _____

Date Information Required:

To: Registrar, Legal Registries Dept. of Justice FAX: 873-0243
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Completed by requestor:

Company/ Organization Name: _____

Please only fill in the name portion with the single company per form

Completed by Legal Registry

Legal Name:	a) same as above	<input type="checkbox"/>
	b) other (specify)	_____ _____
Registered as:	a) Territorial Company b) Extra Territorial Company c) Partnership d) Sole Owner e) Society/Non-Profit	
Legal Registration Number:	_____	Good Standing: Yes No N/A
Mailing Address:	_____ _____ _____	
	a) same as above	b) Not Available
	c) other (specify):	_____ _____ _____
Please indicate below if there are any Trade (Operating) Name(s) or other additional information such as Business Number (BSN), Owner/Operator and/or Directors which may assist us:		
Trade/Operating Name(s):	_____	
Business Number (BSN):	_____	
Owner/Operator/Director(s):	_____	
Correspondent's Signature/Name (Legal Registries):	_____	