



Company Change of Information Form

ORIGINAL Legal Name of Company:			
Operating As:			
Address:			
City:		Postal Code:	
Phone Number:		Fax Number:	
HST Registration #			
Contact Name:			
Position:			

Corporation Partnership Proprietorship

NEW Legal Name of Company:			
Operating As:			
Address:			
City:		Postal Code:	
Phone Number:		Fax Number:	
HST Registration #			
Contact Name:			
Position:			

Corporation Partnership Proprietorship

Reason for Name Change:

Date: _____

Completed By: _____