Application for Name Approval/Name Reservation

Registration of Business Names Act, Chap. 82:85

This form is for use in checking availability of a name and for approval of a name in respect of one business only. The form must be submitted in duplicate originals and information must be typed or written in block (capital) letters. One copy of the form will be returned to the applicant, indicating results of the search and must, if name is available, be attached to the Application for Registration/Change of Particulars Form. An indication that a name is available at this time does not mean that a business is automatically registered.

1.	Name of Applicant						
2.	Full Address						
3.	Telephone Number (if any)						
4.	Proposed Business Name						
5.	Nature of Business						
6.	Type of Registration: (Please tick appropriate box)	☐ Individual	∏ Fin	m/Partnershi	p		
7.	Type of Request: (Please tick appropriate box)	☐ Name Approval ☐ Change of Name (Complete Item No. 8)					
	(Flease tick appropriate box)	☐ Replacement ☐ Extension (Place attach original approval)					
		Other (Please s	pecify)				
	If change of name, state present name of						
Da	ated the	day of	20				
FOR OFFICIAL USE ONLY							
	Approved Expiry Date Undesirable Request further information		Date Received	Time Received	Received By	Checked By	Date Checked
COMMENTS		SEARCH RESULTS:					
_	Signature of Authorized Officer						
D	Date						