



REQUEST FORM

For requests to use a restricted word in the name of a company or business

Full name of the person making this request: _____

What is your contact information?

Email address: _____

Phone number: _____

Mailing address: _____

What is the proposed full name for the company or business?

What type of company or business is this?

- Corporation
- Partnership
- Sole Proprietorship
- Other: _____

What is your connection with this company or business?

- Employee
- Director
- Professional Advisor
- Owner
- Partner
- Other: _____
- Shareholder
- Agent

Will this company or business be registered with Corporations Canada?

- Yes
- No

Will this company or business be registered in a province or territory?

- Yes
- No

If yes, indicate province: _____



Is this request to change the name of an existing company or business?

- Yes
- No

If yes:

Current company or business name: _____

Registration number: _____

Where is the company/business registered: _____

Please list each current and future business activity, product and service for this company or business:

Did you receive a Notice of Deficiency or equivalent document from the corporate registry?

- Yes
- No

If yes, please provide a copy when you submit your request form.

Associated Link

[Link to FAQs](#)

Email requests:

name-denomination@osfi-bsif.gc.ca

Regular mail requests:

Managing Director, Legislative Policy, Interpretations and Compliance
Office of the Superintendent of Financial Institutions
255 Albert Street
Ottawa, Canada
K1A 0H2