

**CLEARANCE
REQUEST
(LEGAL PARTY)**

Indicate clearance request type (Select only one):

DIRECTOR OR BUSINESS

- Business – All incorporated entities or proprietor/ partnerships that hired workers or contractors.
- Do not request clearance on a proprietor or partnership that has not hired workers or contractors.
- Authorized Representative Form must be completed to discuss account details.

BUSINESS INFORMATION: (Must be completed for all requests)

Director Name(s): _____

Legal Name: _____

Trade Name: _____

Street Address: _____

Mailing Address: _____

City/Province: _____ Postal Code: _____

Incorporation Date of Company: _____
(If you have the Certificate of Incorporation, please fax copy with request.)

Phone Number: _____ Fax Number: _____

Name of Contact Person at Business: _____

Law Firm Information: Lawyer's Name: _____ Contact #: _____

Law Firm's Name: _____ Firm #: _____

Party Representing: _____

LEGAL TRANSACTION – PROVIDE DETAILED DESCRIPTION (REQUIRED)

Will this transaction change the ownership of the business? Yes No

Transaction Closing Date: _____

Dated

Signature of Lawyer