

A Submission Cover Page must be included with every offline submission to the Bank Act Security Registry, unless submitting online at www.basr.ca.

**FOR PROPER PROCESSING, PLEASE ENSURE ALL PAGES OF THIS FORM ARE SUBMITTED.
FORMS WITH MISSING PAGES WILL BE RETURNED.**

Registration Type	Registration Fee	Offline Output Fee	
		In Person, Fax, or Email	Mail
Registration of NOI	\$8.00	No Charge	\$10.00
Registration of NOI with post-search	\$12.00	No Charge	\$10.00
Registration of COR	No Charge	No Charge	\$10.00
Amendment of NOI	\$3.00	No Charge	\$10.00
Error Correction (NOI or COR)	\$3.00	No Charge	\$10.00
Reinstatement of NOI	\$8.00	No Charge	\$10.00

****Total Registration Fee = Registration Fee + Applicable Offline Output Fee****

Search Type <i>Search and copy of documents services or receiving output correspondence via email are not available – these services can be accessed online at www.basr.ca</i>	Search Fee	Offline Output Fee		
		In Person	Fax	Mail
Search NOI – by number or debtor name	\$8.00	No Charge	\$7.00	\$10.00
Copy of NOI or COR	\$3.00	No Charge	\$7.00	\$10.00

****Total Search Fee = Search Fee + Applicable Offline Output Fee****

Fees

Registration or Search Fee: \$ _____

Offline Output Fee: \$ _____

TOTAL FEES: \$ _____

Submissions will be returned if sufficient funds are not available at the time of processing.

Payment Methods & Province

- On BASR account – BASR Account Number: _____

For credit card payment or to learn about other payment options, call the BASR Call Centre at 1-833-550-5501.

DO NOT include your credit card information anywhere on these forms.

- Province of Register: _____

Paper Forms Submission Methods

The received date for the submission is the date the forms are received at the BASR Central Processing Facility.

Email: ask@basr.ca

(Registration Events Only)

Mail: BASR Central Processing Facility

1301 - 1st Avenue

Regina, SK S4R 8H2

Fax: (306) 205-7844

Customer Reference Number (optional)

- Your Reference Number: _____

Did you know...search results and requests for copies of documents are automatically fulfilled and available for download when filed online at www.basr.ca.

Visit our website or contact our BASR Customer Support Team for more information:

www.basr.ca

1-833-550-5501

ask@basr.ca

Complete this form to advise the Registry of an error that occurred at the time the indicated Notice of Intention was submitted and registered. The Registry will review the information provided to determine the appropriate error correction action(s) and associated fees.

1 NOTICE OF INTENTION REGISTRATION NUMBER

NOI Number:

2 PROVINCE OF NOTICE OF INTENTION REGISTRY SEARCH

Province:

3 REASON FOR REQUESTING MODIFICATION

► Must select only one:

☐ Data entry error (complete **Section 4** below)

☐ Wrong NOI attachment (include the correct NOI with this form)

☐ Both of the above (complete **Section 4** below and include the correct NOI with this form)

4 DESCRIPTION OF ERROR

Description of the error in detail:

5 CORRECTED DEBTOR INFORMATION

► Debtor Name(s)

- For each debtor, select if debtor is individual or company and provide the **corrected** information. Complete all required fields.

1	Select <u>only</u> one:	First Name: (Required)	Middle Name:	Last Name: (Required)	Suffix:
	<input type="checkbox"/> Individual				
	<input type="checkbox"/> Company	Company Name: (Required)			

2	Select <u>only</u> one:	First Name: (Required)	Middle Name:	Last Name: (Required)	Suffix:
	<input type="checkbox"/> Individual				
	<input type="checkbox"/> Company	Company Name: (Required)			

3	Select <u>only</u> one:	First Name: (Required)	Middle Name:	Last Name: (Required)	Suffix:
	<input type="checkbox"/> Individual				
	<input type="checkbox"/> Company	Company Name: (Required)			

6 CORRECTED PRINCIPAL MAILING ADDRESS OF DEBTOR(S)

Provide the **corrected** mailing information for the applicable debtor(s). *Note: Each number below corresponds to the Debtor # in Section 5 above.*

1	Mailing Address:	City:	Postal Code:
		Province:	
2	Mailing Address:	City:	Postal Code:
		Province:	
3	Mailing Address:	City:	Postal Code:
		Province:	

7 SUBMITTER INFORMATION AND NOTIFICATION PREFERENCE

Submitter Information (Submitter must be an individual)

**Indicates mandatory fields*

*First Name:	*Last Name:
*Mailing Address:	*Phone Number:
	Fax Number:

Email Address:

Preferred Notification Method

Registry communication with the Submitter regarding this request will use the method selected below and the Submitter's information provided on this form.

However, if a BASR Account Number is provided on the submission cover page, communication will be sent to the address information associated with that BASR Account Number.

► **Select only one (1):**

Note: If the preferred notification method is not indicated or incomplete, the default method will be mail and associated fees will apply.

☐ Email
 ☐ Mail
 ☐ Fax
 ☐ In Person

IMPORTANT: FOR PROPER PROCESSING, PLEASE ENSURE ALL PAGES OF THIS FORM ARE SUBMITTED. FORMS WITH MISSING PAGES WILL BE RETURNED.