

**Province of Manitoba**  
**Security Application**  
**Part 1 – Organization Registration Form**  
**For Business Services**



Company / Organization

If a government organization, please indicate level

Federal

Provincial

Municipal

**Signing Officer Business Details**

First Name

Last Name

Business Title

**Signing Officer Mailing Address**

Street

Apt / Box / Suite #

City

Province / State

Postal Code / Zip

Country

(if other than Canada)

Telephone

Email Address

PPR deposit  
account number

(if multiple accounts, please attach details on separate sheet)

Challenge Question

Challenge Response

This Application Form, if accepted by Manitoba forms part of an Agreement between the Organization named above and the Government of Manitoba.

I certify that the information I have provided is true and correct. I acknowledge that Manitoba reserves the right to reject this Application Form and to deny the Organization and any named individual access to its Databases.

I certify that I have the required authority to bind this Organization.

\_\_\_\_\_  
Signature of Signing Officer

\_\_\_\_\_  
Date

The authorized Security Representatives for this Organization will be:

Name Fiona Duncalf

Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**Mail to: Legal Data Resources, 102-400 St. Mary Ave., Winnipeg, MB R3C 4K5**

**Province of Manitoba**  
**Security Application**  
**Part 2 – Security Representative Registration**  
**For Business Services**



Company / Organization

**Organization Mailing Address**

Street

Apt / Box / Suite #

City

Province / State

Postal Code / Zip

Country  
(if other than Canada)

Telephone

Client Identifier #

**Security Representative Information**

First Name

Last Name

RACF (PAS) ID

BSI ID

Email Address

Telephone

Challenge Question

Challenge Response

I certify that the above information is true and correct.

Signature

Date

**Security Representative Information**

First Name

Last Name

RACF (PAS) ID

BSI ID

Email Address

Telephone

Challenge Question

Challenge Response

I certify that the above information is true and correct.

Signature

Date

I certify that the above information is true and correct. I authorize those named above to act as the Security Representatives for this organization for business with the Province of Manitoba User Interface.

Signature of Signing Officer

Date

**Mail to: Legal Data Resources, 102-400 St. Mary Ave., Winnipeg, MB R3C 4K5**

For IBM Purposes Only

Processed by:

Processed by: