



Requisition for **DRAFT** Preparation of PPSA Amendment/Change Statement Ontario (FORM 2C)

Reg. No.	Invoice No.
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Client/ Billing Information	Your Name: _____	Date: _____
	Address: _____	File No: _____
	City, Province: _____	Postal: _____
	Tel: _____	Fax: _____
	Email: _____	

1. Original Registration Information	Original Registration Type: <input type="checkbox"/> PPSA (Personal Property Security Act) <input type="checkbox"/> RSLA (Repair Storage Lien Act)
	PPSA File Reference Number: _____ 9 Digit Number (example: 612345699)
	PPSA Registration Number: _____ 20 Digit Number (Ontario only) Required for other Provinces.

2. Original Debtor or Transferor (depending of amendment type)	First Name _____	Middle Initial _____	Surname (Last Name) _____	Date of Birth (dd/mm/yyyy) _____
	Business Debtor / Transferor _____			Ontario Corporation No. _____

3. Search Options (additional charges apply)	<input type="checkbox"/> Provide PPSA Amendment Draft for review, approval and final registration. (\$37.50+HST + \$12 Gov. Fee)
	<input type="checkbox"/> PPSA pre-search prior to this amendment to determine current information. (\$15+HST + \$8 Gov. Fee)
	<input type="checkbox"/> Post PPSA search after this registration to confirm changes after filing. (\$15+HST + \$8 Gov. Fee)

4. Type of Amendment (change)	Select the Registration Type (Ontario codes only): Please Select
	A – Add/Remove debtors, collateral or reduce years B – Renewal of active registration **USE RENEWAL FORM C – Discharge an active registration **USE DISCHARGE FORM D – Assign a new Secured Party E – Assign existing registration to another Debtor
	F – Remove Collateral from a registration G – Assign part of Collateral to new Secured Party H – Transfer part of Collateral by Debtor J – Other change

5. Reason for Amendment / Change	
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6. Changes regarding Debtors (Individual or Business)	<input type="checkbox"/> Add Debtor	<input type="checkbox"/> Remove Debtor	<input type="checkbox"/> Transferee	<input type="checkbox"/> Correct Debtor Address	
	Debtor 1	First Name _____	Middle Initial _____	Surname (Last Name) _____	Date of Birth (dd/mm/yyyy) _____
	Debtor 2 (if required)	OR, Business Debtor Name _____	Ontario Corporation No. _____		
	Address (Street – include Suite, Unit or Apt. No.) _____	City _____	Province _____	Postal Code _____	
	First Name _____	Middle Initial _____	Surname (Last Name) _____	Date of Birth (dd/mm/yyyy) _____	
	OR, Business Debtor Name _____	Ontario Corporation No. _____			
	Address (Street – include Suite, Unit or Apt. No.) _____	City _____	Province _____	Postal Code _____	

7. Changes regarding Secured Party (ies)	<input type="checkbox"/> Add Secured Party <input type="checkbox"/> Assignment <input type="checkbox"/> Correct Address			
	Original Secured Party Name / or Assignor			
	Secured Party Name / Assignee			
	Address (Street – include Suite, Unit or Apt. No.)	City	Province	Postal Code

8. General Collateral Description	
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9. Collateral Classification Changes (Ontario only)	<input type="checkbox"/> Consumer Goods <input type="checkbox"/> Inventory <input type="checkbox"/> Equipment <input type="checkbox"/> Accounts <input type="checkbox"/> Other <input type="checkbox"/> Motor Vehicle (included)			
	<i>Collateral Classification check boxes only apply to Registrations in Ontario. For amendments in other Provinces please use the General Collateral Description to describe changes.</i>			
	Year	Make	Model	VIN
Year	Make	Model	VIN	

10. Other Notes or Instructions	
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11. Registering Agent <small>(Confirmation will be mailed to this address)</small>	<input type="checkbox"/> Same as Client/Billing information at the top of this form. Or, indicated below.			
	Complete Name			
	Address (Street – include Suite, Unit or Apt. No.)	City	Province	Postal Code

12. Confirmation and Payment Details <small>(Signature is for payment purposes only; a draft approval will be required)</small>	Payment Type: <input type="checkbox"/> On Account <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express					
	Credit Card Number: _____ Exp. Date: _____					
	Complete Name on the Card: _____					
	Cardholder Signature*: _____ <table border="1" style="float: right; margin-left: 20px;"> <tr><td>Auth No.</td><td>_____</td></tr> <tr><td>Amount:</td><td>_____</td></tr> <tr><td>Auth Date:</td><td>_____</td></tr> </table>	Auth No.	_____	Amount:	_____	Auth Date:
Auth No.	_____					
Amount:	_____					
Auth Date:	_____					
<p>*Signature is mandatory even if credit card information is not included. By signing above you agree to the terms and conditions indicated below and authorize the appropriate charges to the credit card provided.</p>						

Please complete, sign and fax to 416.599.8655 or email to: search@centrolegalworks.com

Terms and Conditions: A PPSA/PPR Financing statement, amendment, or discharge (the 'Services') will be prepared for review and approval by the client based on registration information provided from the client who assumes full responsibility for accuracy of same. The client represents and warrants that it is aware of the terms of the related General Security Agreement, contracts, and/or other related documents thereto. The client acknowledges that it is aware of the implications of registering a PPSA financing statement, amendment, or discharge, as applicable. Under no circumstances does Centro Legal Works Inc. ("Centro") provide advice, legal or otherwise about the particulars of the Services requested by the client. It is recommended that the client obtain professional or legal advice about the Services to which this service relates to ensure it fits the client's needs. Client agrees to release waive (including the right to sue) and fully discharge Centro and its officers, directors, employees and agents from any and all claims, demands of any kind or nature and the client assumes all risks associated with the Services. By signing this agreement and the draft the client voluntarily elects to assume all risks associated with the Services.