



## NOTICE OF CHANGE REQUIRED TO EXISTING REGISTERED ACCOUNT NUMBER (RAN)

IF ADVISING OF A BUSINESS OWNERSHIP CHANGE (**NEW OWNER, SHARES OR NUMBERED COMPANY**) THEN A DIFFERENT FORM IS REQUIRED TO BE COMPLETED. PLEASE EMAIL [PARTNERS@MPI.MB.CA](mailto:PARTNERS@MPI.MB.CA) AND WE WILL SEND OUT THE CORRECT FORM.

**USE THIS FORM TO ADVISE OF ANY AND ALL CHANGES TO AN EXISTING MPI REGISTERED ACCOUNT NUMBER(S):**

RAN #: \_\_\_\_\_

If applicable list a 2<sup>nd</sup> RAN #: \_\_\_\_\_

If applicable list a 3<sup>rd</sup> RAN #: \_\_\_\_\_

Legal Business Name (in full) (including 'operating as - o/a' and/or business number if relevant):  
\_\_\_\_\_

**Business Address (Physical location of business):**

Street #/Name: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Mailing Address (if different than above):**

P.O. Box number and Rural Route number (if relevant): \_\_\_\_\_

Street #/Name: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address of Business: \_\_\_\_\_

Phone Number (Include Area code): \_\_\_\_\_ Fax #: \_\_\_\_\_

**CHANGE(S) REQUIRED: (check all boxes that are applicable and provide details):**

**Please note that only one point of contact is allowed (for an Email address), preferably your Body Shop 'general' Email address, rather than one specific persons' Email address**

Primary Email Address Change: NEW Email Address: \_\_\_\_\_

Banking information Change (LAWSON)

Shop Representative Contact Information Change for Banking: Name: in Full \_\_\_\_\_

Bank Account Info Change:(Include Void Cheque or Confirmation of Banking Document) .Complete Direct Deposit Form also.

Remittance Information Change: NEW Email address: \_\_\_\_\_

Legal Business Name Change: \_\_\_\_\_

- Business Civic Address Change (Physical Location of Business): \_\_\_\_\_
- Business Mailing Address Change: \_\_\_\_\_
- Business Email Address Change: NEW Email: \_\_\_\_\_
- Telephone Number Change for Shop: (Include Area Code): \_\_\_\_\_
- Accreditation – Change to Non-Accredited: Business Type: \_\_\_\_\_
- Mitchell Cloud Glass Email Address Change: NEW Email address: \_\_\_\_\_
- Work Center Email Address Change: NEW Email Address: \_\_\_\_\_
- Confidential Email address Change (**Accredited Body Shops Only**): NEW Email address: \_\_\_\_\_
- Other Change: Specify: \_\_\_\_\_

**Signing that the above information is true and correct:**

Representative Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised February 2024