

The sections and fields marked with an asterisk (*) must be filled in.

IMPORTANT

If you have more than one update, please provide the information on an attached sheet.

1. INFORMATION ON THE COMPANY*

Commission de la construction du Québec (CCQ) employer no.*

Company name*

2. UPDATE OF CONTACT INFORMATION FOR AN ADMINISTRATOR, A PARTNER, OR AN OWNER OF A SOLE PROPRIETORSHIP

CCQ client no. or social insurance number

Date of birth (YYYY-MM-DD)

Last name

First name

Residential address

No.

Street

Apartment no.

P.O. box

City

Province

Postal code

Main phone no.

Position title of director of a legal person (corporation)

President Vice-president Secretary Treasurer Administrator

Date started in position (YYYY-MM-DD)

3. ADDITION OF AN ADMINISTRATOR OR PARTNER

CCQ client no. or social insurance number

Date of birth (YYYY-MM-DD)

Last name

First name

Residential address

No.

Street

Apartment no.

P.O. box

City

Province

Postal code

Main phone no.

Position title of director of a legal person (corporation)

President Vice-president Secretary Treasurer Administrator

Date started in position (YYYY-MM-DD)

4. WITHDRAWAL OF AN ADMINISTRATOR OR PARTNER

CCQ client no. or social insurance number

Date of birth (YYYY-MM-DD)

Date of withdrawal (YYYY-MM-DD)

Last name

First name

5. SIGNATURE*

Last name of an administrator, a partner, or the owner of sole proprietorship*

First name of an administrator, a partner, or the owner of sole proprietorship*

Signature of an administrator, a partner, or the owner of the sole proprietorship*

In witness whereof, I have signed on (YYYY-MM-DD)

The amendments requested in sections 3 and 4 must appear on the declaration of registration deposited with the Registraire des entreprises du Québec (REQ)

To reach Customer Services: 1 877 973-5383

Please return this form with the supporting documentation, if applicable, to the regional office in your region.

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Saguenay-Lac-Saint-Jean

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