

Federal Incorporation Information Form

Basic or Enhanced package

Incorporation Name: (If numbered corporation, please indicate "Numbered" in Choice #1)

Choice #1:

Choice #2:

Specify ending as "Inc." "Ltd." "Corp." "Incorporated" "Limited" "Corporation"

If require a division under the corporation, please provide Operating As, Trading As or Doing Business As Name:

Describe the business you will be doing with this corporation:

Desired Year End:

Business Address:

Address

Suite Number City

Province Postal Code

Telephone # - - Fax # - -

1st Director Shareholder? Yes No If yes, please indicate % Residen Canadian? Yes No

Last Name SIN # - -

Given Name (Please provide SIN if you need HST account)

Address Suite #

City Province Postal Code

Bus # - - Cell # - -

E-Mail Address:

Signature: Date of Birth:

Officer Position: President Vice-President Secretary Treasurer General Manager Signing Officer Other

2nd Director Shareholder? Yes No If yes, please indicate % Residen Canadian? Yes No

Last Name SIN # - -

Given Name (Please provide SIN if you need HST account)

Address Suite #

City Province Postal Code

Bus # - - Cell # - -

E-Mail Address:

Signature: Date of Birth:

Officer Position: President Vice-President Secretary Treasurer General Manager Signing Officer Other

Y N HST No. Y N Payroll Y N Import/ Export No. Y N WSIB

Proposed Bank To Be Used: Address:

Ontario Incorporation Information Form

Basic or Enhanced package

Incorporation Name: (If numbered corporation, please indicate "Numbered" in Choice #1)

Choice #1:

Choice #2:

Specify ending as "Inc." "Ltd." "Corp." "Incorporated" "Limited" "Corporation"

If require a division under the corporation, please provide Operating As, Trading As or Doing Business As Name:

Describe the business you will be doing with this corporation:

Desired Year End:

D D M M

Business Address:

Address

Suite Number City

Province Postal Code

Telephone # - - Fax # - -

1st Director and Shareholder? Yes No If yes, please indicate % Resident Canadian? Yes No

Last Name SIN # - -

Given Name (Please provide SIN if you need HST account)

Address Suite #

City Province Postal Code

Bus # - - Cell # - -

E-Mail Address:

Signature: Date of Birth:

D D M M Y Y Y Y

Officer Position: President Vice-President Secretary Treasurer General Manager Signing Officer Other

2nd Director and Shareholder? Yes No If yes, please indicate % Resident Canadian? Yes No

Last Name SIN # - -

Given Name (Please provide SIN if you need HST account)

Address Suite #

City Province Postal Code

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Officer Position: President Vice-President Secretary Treasurer General Manager Signing Officer Other

Y N **HST No.** Y N **Payroll** Y N **Import/ Export No.** Y N **WSIB**

Proposed Bank To Be Used: Address: