

# 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:**

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**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:

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**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

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

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

Proposed Bank To Be Used:  Address: