



INFORMATION REQUIRED FOR INCORPORATION

Name	Ending
Number	Limited Limitee Ltée. Ltd.
First Choice: _____	Incorporated Incorporee Inc.
Alternate: _____	Corporation Corp.

Jurisdiction	Ontario Federal Other (specify) _____
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Registered Office – Address
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Phone Number for the Registered Office	Fax No.
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Nature of Business

Incorporators / Directors

Full Name: _____ <small>(first, middle, last - obtain copy of ID showing DOB)</small>	Full Name: _____ <small>(first, middle, last - obtain copy of ID showing DOB)</small>
Work Phone No.: _____	Work Phone No.: _____
Residential Phone No. _____	Residential Phone No. _____
Fax Number: _____	Fax Number: _____
Residential Address: _____	Residential Address: _____
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Full Name: _____ <small>(first, middle, last - obtain copy of ID showing DOB)</small>	Full Name: _____ <small>(first, middle, last - obtain copy of ID showing DOB)</small>
Work Phone No.: _____	Work Phone No.: _____
Residential Phone No. _____	Residential Phone No. _____
Fax Number: _____	Fax Number: _____

Residential Address: _____ _____ _____	Residential Address: _____ _____ _____
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Officers

President	Full Name: _____ (first, middle, last - obtain copy of ID showing DOB) Work Phone No.: _____ Residential Phone No. _____ Fax Number: _____ Residential Address: _____ _____
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Secretary	Full Name: _____ (first, middle, last - obtain copy of ID showing DOB) Work Phone No.: _____ Residential Phone No. _____ Fax Number: _____ Residential Address: _____ _____
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Treasurer	Full Name: _____ (first, middle, last - obtain copy of ID showing DOB) Work Phone No.: _____ Residential Phone No. _____ Fax Number: _____ Residential Address: _____ _____
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Other _____	Full Name: _____ (first, middle, last - obtain copy of ID showing DOB) Work Phone No.: _____ Residential Phone No. _____ Fax Number: _____ Residential Address: _____ _____
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Share Structure	
Basic	Common shares only carry rights to vote, receive dividends and property on dissolution.
Investment Redemption No Retraction	<p>Non voting preference shares carrying rights to preferential cumulative dividend; and priority on dissolution to property the value of amount paid up on shares and accumulated dividends. Corporation right to redeem shares. No right of shareholder to retract.</p> <p>Common shares carrying the right to vote and subject to preference shares – right to receive dividends and property on dissolution.</p>
Investment Redemption Retraction	<p>Non voting preference shares carrying rights to preferential cumulative dividend; and priority on dissolution to property the value of amount paid up on shares and accumulated dividends. Corporation right to redeem shares. Shareholder right to retract.</p> <p>Common shares carrying the right to vote and subject to preference shares – right to receive dividends and property on dissolution.</p>
Estate Planning	<p>Common Shares</p> <p>2 classes of preference shares</p>
Other	Attach details

Shareholders	
<p>Full Name: _____ (first, middle, last - obtain copy of ID showing DOB)</p> <p>Work Phone No.: _____</p> <p>Residential Phone No. _____</p> <p>Fax Number: _____</p> <p>Residential Address: _____ _____ _____</p>	<p>Full Name: _____ (first, middle, last - obtain copy of ID showing DOB)</p> <p>Work Phone No.: _____</p> <p>Residential Phone No. _____</p> <p>Fax Number: _____</p> <p>Residential Address: _____ _____ _____</p>
<p>Full Name: _____ (first, middle, last - obtain copy of ID showing DOB)</p> <p>Work Phone No.: _____</p> <p>Residential Phone No. _____</p> <p>Fax Number: _____</p> <p>Residential Address: _____ _____ _____</p>	<p>Full Name: _____ (first, middle, last - obtain copy of ID showing DOB)</p> <p>Work Phone No.: _____</p> <p>Residential Phone No. _____</p> <p>Fax Number: _____</p> <p>Residential Address: _____ _____ _____</p>

Financial Details	
Audit Required	Yes No
Auditor OR Accountant	Firm Name: _____ Contact: _____ Phone No.: _____ Fax Number: _____ Address: _____
Year End	_____
Bank	Name: _____ Contact: _____ Phone No.: _____ Fax Number: _____ Address: _____

Seal	
Yes	No