

## Incorporation Checklist

In order for us to help you in the incorporation of your company, kindly complete this form to the best of your knowledge and return it to us.

### CORPORATION NAME

Please select if you wish to have a numbered corporation

(Eg. 1234567 Ontario Inc.) or a name corporation (Eg. Rachel Consulting Inc.)

Check for Numbered Corporation

Check for Name Corporation

If you would like a named corporation - Please provide 3 potential names given in sequence of preference:

Potential Names:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### CORPORATION ADDRESS

### MAILING ADDRESS

Please provide the address of the head office of the Corporation. If the mailing address is different please specify

If the mailing address is different specify below  
Same as Corporation

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_

## DIRECTORS OF THE CORPORATION

Please provide the address of the director(s) and address

### Director: 1

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

### Director: 2

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

If you have additional directors please indicate under heading ***other details***

## Officer

Name of officers-you must have a President Secretary (they can be the same person)

President \_\_\_\_\_

V President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Other \_\_\_\_\_

## Corporation Year End & Jurisdiction

Provide when your corporation year end should be (eg. July 31)

MM / DD / YY

Year End Date \_\_\_\_\_

&

Jurisdiction \_\_\_\_\_

## OTHER DETAILS

Please provide any other important details:

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## CORPORATION FINANCIAL INSTITUTION

Please provide the name and address of your corporations financial institution.AA:

Bank Institution \_\_\_\_\_

**Contact**

Phone \_\_\_\_\_

Email:

Address \_\_\_\_\_

Phone

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

## SHAREHOLDER DETAILS

**Shareholder Name**

**Address**

**Class**

**Number of  
Shares**

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## AUTHORIZED SHARE CLASSES

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