



PROFESSIONAL INCORPORATION CHECKLIST

1. **FILE:** File No.: _____

2. **CLIENT:** Name: _____

Residential address: _____

Phone (H): _____

Phone (W): _____

Phone (C): _____

Fax: _____

Email: _____

Professional Registration Number: _____

Social Insurance Number: _____

3. **NUMBERED CORPORATION OR NAME CHOICES:** Legal ending must be **PROFESSIONAL CORPORATION** and must include Restrictions in Nature of Business

1. _____

2. _____

3. _____

4. **NATURE OF BUSINESS (describe business):** Give brief activity of Corporation

5. **JURISDICTION:** Ontario

6. **INCORPORATOR(S):**

Incorporator 1

Name: _____

Residential address: _____

Phone (H): _____

Phone (W): _____

Phone (C): _____

Fax: _____

Email: _____



Incorporator 2

Name: _____
Residential address: _____
Phone (H): _____
Phone (W): _____
Phone (C): _____
Fax: _____
Email: _____

7. AUTHORIZED CAPITAL/SHARE STRUCTURE: *(Describe or use SG Standard (Attached))*

8. ADDRESS OF CORPORATION:

Registered address of Corporation (P.O. Box not accepted):

Mailing address of Corporation (P.O. Box accepted): Same as **Registered address**



Addresses where Corporation will be practicing:

Address 1:

Address 2:

Names of those who will practice through the Corporation:

Name1: _____, *Professional Registration No:* _____

Name2: _____, *Professional Registration No:* _____

Name3: _____, *Professional Registration No:* _____

Name4: _____, *Professional Registration No:* _____

Name5: _____, *Professional Registration No:* _____

Trade names, if any, under which the practice does/will operate:



9. DIRECTORS: A director must be a Professional

Min – Max Number of Directors: 1-10 Other (enter number): _____

Director 1 Name: _____
Residential address: _____

Phone : _____
Fax: _____
Email: _____
Professional Registration Number: _____
Social Insurance Number: _____

Director 2 Name: _____
Residential address: _____

Phone : _____
Fax: _____
Email: _____
Professional Registration Number: _____
Social Insurance Number: _____

Director 3 Name: _____
Residential address: _____

Phone : _____
Fax: _____
Email: _____
Professional Registration Number: _____
Social Insurance Number: _____

10. PRESIDENT: Must be a Professional

Name: _____
Address: _____

Phone : _____
Fax: _____
Email: _____
Professional Registration Number: _____
Social Insurance Number: _____



11. SECRETARY: *Must be a Professional*

Name: _____
Address: _____

Phone : _____
Fax: _____
Email: _____
Professional Registration Number: _____
Social Insurance Number: _____

12. TREASURER: *Must be a Professional*

Name: _____
Address: _____

Phone : _____
Fax: _____
Email: _____
Professional Registration Number: _____
Social Insurance Number: _____

13. ACCOUNTANT:

Name: _____
Address: _____

Phone : _____
Fax: _____
Email: _____

14. YEAR END: December 31 Other (enter date): _____

15. BANK: Name: _____
Branch Address: _____

Phone : _____
Fax: _____

16. SIGNING AUTHORITY: President alone
 President or Secretary Treasurer
 The President & Secretary Treasurer together
 Other: _____



17. SHAREHOLDERS: *Please advise if shareholder is a family member or minor*
MUST BE A PROFESSIONAL TO RECEIVE VOTING SHARES
FAMILY MEMBER MAY ONLY RECEIVE NON-VOTING SHARES

Shareholder 1 Name: _____
 Address: _____

 Number: _____
 Class: _____
 Consideration: \$0.01 per share \$1.00 per share
 Other: _____

Shareholder 2 Name: _____
 Address: _____

 Number: _____
 Class: _____
 Consideration: \$0.01 per share \$1.00 per share
 Other: _____

Shareholder 3 Name: _____
 Address: _____

 Number: _____
 Class: _____
 Consideration: \$0.01 per share \$1.00 per share
 Other: _____

18. CORPORATE SEAL: Yes No

19. DATE BUSINESS TO START: _____

20. PAYROLL NO.: Yes No
How often paid: Daily Weekly Bi weekly Monthly
Is payroll service used: Yes No
No of employees (1st yr): _____
Start date of Employee: _____
1st payment date to employees: _____
Expected 1st year Payroll (if any): _____



21. **HST:** Yes No

Effective Start date of Registration: _____

Expected 1st year Revenues: _____

Method of filing: More than SIX MILLION – **Monthly**
 More than FIVE HUNDRED THOUSAND-SIX MILLION – **Quarterly**
 FIVE HUNDRED THOUSAND or less – **Annually**

22. **SPECIAL NOTES:** *Are there any Sole Proprietorship to be cancelled? Provide name(s) and copy(ies) of registration*

Name: _____

Signature: _____

**Email the completed document to: info@trade-mark.ca
or click on the "SUBMIT BY E-MAIL" button**