



INCORPORATION CHECKLIST

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

2. **CLIENT:** Name: _____
Residential address: _____
Phone (H): _____
Phone (W): _____
Phone (C): _____
Fax: _____
Email: _____

3. **NUMBERED CORPORATION OR NAME CHOICES:** *Name first 3 choices in order of preference and include legal ending with your name (Limited, Ltd., Ltée, Incorporated, Inc. Corporation, Corp.)*
1. _____
2. _____
3. _____

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

5. **JURISDICTION:** Canada Ontario Other: _____

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



9. DIRECTORS:

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

Director 1 Name: _____
Residential address: _____

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

Director 2 Name: _____
Residential address: _____

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

Director 3 Name: _____
Residential address: _____

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

10. PRESIDENT: Name: _____
Address: _____

Phone : _____
Fax: _____
Email: _____

11. SECRETARY: Name: _____
Address: _____

Phone : _____
Fax: _____
Email: _____



12. TREASURER: Name: _____
Address: _____

Phone : _____
Fax: _____
Email: _____

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:

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. **BUSINESS NO.:** Yes No

20. **BUSINESS TIMEFRAME:** Year round Seasonal

21. **DATE BUSINESS TO START:** _____

22. **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): _____

23. **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**

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



25. If Numbered Corporation is being used, should we register a corporation Style Name under this Corporation as a Trade-Mark? Yes No

Name: _____

Signature: _____

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