

# INCORPORATION INFORMATION FORM

Suite 1103 - 11871 Horseshoe Way Richmond, British Columbia V7A 5H5 Tel: 604-272-6960 Fax: 604-272-6959

Email: <u>info@incorporate.ca</u>
Website: <u>www.incorporate.ca</u>

Thank you for choosing INC BUSINESS LAWYERS to assist you in the formation of your Corporation. In order to proceed with your incorporation, please complete this form to the best of your ability and return it to our office by email to info@incorporate.ca or by fax to 604-272-6959.

				ON OF CORPO			
	British Col	umbia Incorp	oration		Alberta Inc	orporation	
	Canadian Federal Incorporation				Ontario Inc	corporation	
				ORATION NAM one of the following			
		Numbe	ered Cor	poration (Please	e proceed to Sec	etion 1.3)	
		Named	l Corpora	ation (Please pro	ceed to Section	1.2)	
		If you a	already ha	ve a Name Reserv	vation, enter it l	here: NR	
distinctive eler of this might be is the descripti	requirements nent followed e A.B.C. Logis ve element an	can be broke the by a description of "Limited." and "Limited"	en down ive eleme Where "2 is the leg	ent and comple 4.B.C" is the ungal designation	er of preference ements and ted with a leg nique or disti . All legal de		xample g <i>istics</i> "
First (	Choice:						
[	☐ Inc.			Corp.		Ltd.	
[	☐ Incor	porated		Corporation		Limited	
Secon	d Choice: _						
[	Inc.			Corp.		Ltd.	
]	☐ Incor	porated		Corporation		Limited	

	Third	Choic	e:					
	C.	<b>-</b>	Inc.		Corp.		Ltd.	
	Ç	<b></b>	Incorporated		Corporation		Lim	iited
	Fourth	n Choi	ce:					
	Ţ	<b>-</b>	Inc.		Corp.		Ltd.	
	Ç	ב	Incorporated		Corporation		Lim	iited
					SE FOR CORPORATE the street that the supplicable box(es)]			
		Inves Hold			Trading in Goods / Services			Consultancy
		Propo	erty stment		Professional			Other
	If Other	r (Please	Specify):					
nformatio	on rega	rding tl	he intended use of	the Cor		ide us wi	th a gen	ia, we require detailed eral nature of business nt information.
Please p	orovide		ed information ab	out whe	RAPHY OF BUSINES are the Corporation was nees, States, Regions	ill be tra		nvesting or providing

### 2.0 - Shareholders, Directors and Officers

Please provide full details of who will be the shareholder(s), director(s) and officer(s) of the Corporation. Please include full legal names as well as complete a Section 3 for each person or legal entity connected to the Corporation.

Name of Individuals or Legal Entities	Director	Officer	Shareholder	Percentage Interest (if Shareholder)	Authorized to give Instructions
Example: John Harry Smith	X	X	X	50% Class A and 25% Class B	X

## Simple Simple II Complex - Many Classes - One Class - Two Classes - Voting and Non-Voting shares - Voting, Non-Voting and - Common shares (Moderate Flexibility) Preferred shares (Minimum Flexibility) (Maximum Flexibility) 2.2 - CORPORATE STRUCTURE NOTES (FOR OFFICE USE ONLY)

2.1 - CORPORATE SHARE STRUCTURE

### 3.0 - Information for Connected Person

Please complete and submit this section once for each person or legal entity described in Section 2.0. If an individual is connected to the Corporation, please complete Sections 3.1 and 3.2. If a legal entity is connected to the Corporation, please complete Section 3.3 only. All information provided must be verifiable and match exactly with what is displayed on your passport, driver's licence or birth certificate.

## 3.1 - Personal Information

(FOR INDIVIDUALS ONLY)

Full Legal Name: (Including Middle Name)

Family Name:

Date of Birth:	
Occupation:	
Nationality:	
Canadian Citizen: (Yes / No)	
3.2 - Permane	ENT RESIDENTIAL ADDRESS AND CONTACT INFORMATION (FOR INDIVIDUALS ONLY)
Residential Address:	
City:	
Province / State / Region:	
Postal Code / Zip Code:	
Country:	
Home Telephone Number:	
Home Fax Number:	
Personal Mobile Number:	
Personal Email Address:	

# $\textbf{3.3 - PERMANENT BUSINESS ADDRESS AND CONTACT INFORMATION} \\ (\text{FOR LEGAL ENTITIES ONLY})$

Comp	pany Name:				
Incor	poration Number:				
	atry / Jurisdiction of poration:				
Gene Busin	ral Nature of ness:				
Cont	act Person:				
Conn	ection to Company:				
Busin	ness Address:				
City:					
Provi	ince / State / Region:				
Posta	al Code / Zip Code:				
Coun	itry:				
Offic	e Telephone Number:				
Offic	e Fax Number:				
Offic	e Mobile Number:				
Offic	e Email Address:				
		3.4 - PR	EFERRED METHOD (	OF CONTAC	CT
	Home Telephone		Personal Email		Personal Mobile
	Office Telephone		Office Email		Office Mobile

subs	4.0 - MAIL FORWARDING SERVICES  Please note, only clients who select INC as their Registered and Records office in section 5.0 of this form may subscribe for this service. If you are acting as your own Registered and Records office or request INC to arrange for an out of province Registered and Records office, check "No Mail Forwarding" and skip to Section 5.0.								
	□ No Mail Forwarding Service  - Collection and forwarding of everyday business mail  (\$350 per year, plus postage)  □ Advanced Service  - Collection, scan and email, and forwarding of everyday business mail  (\$450 per year, plus postage)								
	4.1 - PREPAID POSTAGE / COURIER ACCOUNT  Please select between the options of either prepaying for your postage or providing your courier account information that we may charge the forwarding costs to.								
Prepaid Postage - Please provide prepayment amount:  \$					Courier Account - Please provide account information below				
	Courier Company Name:								
	Account Number:								

Courier Company Name:	
Account Number:	
Name on Account:	
Contact Person for Account:	
Contact Person's Email Address:	

## Delivery Address (P.O. Boxes and UPS Stores, etc. are not permitted)

Mail Forwarding Street Address:	
City:	
Province / State / Region:	
Postal Code / Zip Code:	
Country:	
Office Email Address:	

#### 5.0 - REGISTERED AND RECORDS OFFICE

Please provide a location for the registered and records office location. If you would like us to arrange a location for you, or if you are incorporating a British Columbia Corporation and would like us to provide this location to you, specify as such. (Note: post office boxes are not permitted for a registered and records office address.)

		INC to be the R&R location (\$275/yr)		No, please use the address I have provided below
C/O:				
Address:				
City:				
Province:				
Postal Code:				
	e or			ove is true and accurate to the best of my to provide INC Business Lawyers with
DATED		, 200		
Authorized Signatory			Printed N	Vame

Once completed, please remit this Incorporation Information Form by way of email to <u>info@incorporate.ca</u> or by fax to (604) 272-6959.



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