



INCORPORATION INFORMATION FORM

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

Email: info@incorporate.ca
Website: www.incorporate.ca

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.

1.0 - JURISDICTION OF CORPORATION

(Please choose one of the following)

- | | |
|---|--|
| <input type="checkbox"/> British Columbia Incorporation | <input type="checkbox"/> Alberta Incorporation |
| <input type="checkbox"/> Canadian Federal Incorporation | <input type="checkbox"/> Ontario Incorporation |

1.1 - CORPORATION NAME

(Please choose one of the following)

- Numbered Corporation (Please proceed to Section 1.3)
- Named Corporation (Please proceed to Section 1.2)

If you already have a Name Reservation, enter it here: NR _____

1.2 - NAME CHOICES FOR THE CORPORATION

(Please provide a minimum of 3 choices in order of preference)

Name choice requirements can be broken down into three elements and must contain a unique or distinctive element followed by a descriptive element and completed with a legal designation. An example of this might be *A.B.C. Logistics Limited*. Where “*A.B.C*” is the unique or distinctive element, “*Logistics*” is the descriptive element and “*Limited*” is the legal designation. All legal designations mean the same thing and should be decided on by how you want you company name to sound.

First Choice: _____

- | | | |
|---------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Inc. | <input type="checkbox"/> Corp. | <input type="checkbox"/> Ltd. |
| <input type="checkbox"/> Incorporated | <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited |

Second Choice: _____

- | | | |
|---------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Inc. | <input type="checkbox"/> Corp. | <input type="checkbox"/> Ltd. |
| <input type="checkbox"/> Incorporated | <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited |

Third Choice: _____

- | | | |
|---------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Inc. | <input type="checkbox"/> Corp. | <input type="checkbox"/> Ltd. |
| <input type="checkbox"/> Incorporated | <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited |

Fourth Choice: _____

- | | | |
|---------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Inc. | <input type="checkbox"/> Corp. | <input type="checkbox"/> Ltd. |
| <input type="checkbox"/> Incorporated | <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited |

1.3 - PURPOSE FOR CORPORATION

[Please check the applicable box(es)]

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Investment Holding | <input type="checkbox"/> Trading in Goods / Services | <input type="checkbox"/> Consultancy |
| <input type="checkbox"/> Property Investment | <input type="checkbox"/> Professional | <input type="checkbox"/> Other |

If Other (Please Specify): _____

In order to comply with the regulations set out by the *Law Society of British Columbia*, we require detailed information regarding the intended use of the Corporation. Please provide us with a general nature of business, list of activities, goods to be traded and/or services to be provided and any other relevant information.

1.4 - GEOGRAPHY OF BUSINESS

Please provide detailed information about where the Corporation will be trading, investing or providing services. Please list Provinces, States, Regions, Countries, etc.

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 - PERMANENT 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: | |

3.3 - PERMANENT BUSINESS ADDRESS AND CONTACT INFORMATION
(FOR LEGAL ENTITIES ONLY)

| | |
|---|--|
| Company Name: | |
| Incorporation Number: | |
| Country / Jurisdiction of Incorporation: | |
| General Nature of Business: | |
| Contact Person: | |
| Connection to Company: | |
| Business Address: | |
| City: | |
| Province / State / Region: | |
| Postal Code / Zip Code: | |
| Country: | |
| Office Telephone Number: | |
| Office Fax Number: | |
| Office Mobile Number: | |
| Office Email Address: | |

3.4 - PREFERRED METHOD OF CONTACT

- | | | |
|---|---|--|
| <input type="checkbox"/> Home Telephone | <input type="checkbox"/> Personal Email | <input type="checkbox"/> Personal Mobile |
| <input type="checkbox"/> Office Telephone | <input type="checkbox"/> Office Email | <input type="checkbox"/> Office Mobile |

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: | |

By my signature, I confirm, that all information provided in the above is true and accurate to the best of my knowledge and that I have or have been granted full authorization to provide INC Business Lawyers with instructions on this matter.

DATED _____, 200

Authorized Signatory

Printed Name

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



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