

# Corporation Information Sheet

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Attention: \_\_\_\_\_ Tel: \_\_\_\_\_

## Corporation Name:

Incorp Date: \_\_\_\_\_ Transfer/Org Date: \_\_\_\_\_ Share Structure: \_\_\_\_\_

Registered Office: \_\_\_\_\_

Records Address: Same or \_\_\_\_\_

## Principal #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Director: Yes  No  CDN Res: Yes  No  Title: \_\_\_\_\_

## Principal #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Director: Yes  No  CDN Res: Yes  No  Title: \_\_\_\_\_

## Principal #3

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Director: Yes  No  CDN Res: Yes  No  Title: \_\_\_\_\_

## Principal #4

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Director: Yes  No  CDN Res: Yes  No  Title: \_\_\_\_\_

**Corporate Seal:** Yes No

If Organized: Bank: \_\_\_\_\_

Lawyer: \_\_\_\_\_ Accountant: \_\_\_\_\_

Identification#: \_\_\_\_\_ Invoice#: \_\_\_\_\_

Email: \_\_\_\_\_