

GTA ACCOUNTING PROFESSIONAL CORPORATION

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Incorporation Checklist

In order for us to help you in the incorporation of your company, kindly complete this form to the best of your knowledge and return it to us.

CORPORATION NAME						
Please select if you wish to have a numbered corpo						
(Eg. 1234567 Canada Inc.) or a name corporation (E	g. Rachel Consulting Inc.)					
Check for Numbered Corporation	Check for Name Corporation					
If you would like a named corporation - Please provi	ide 3 potential names given in sequence of preference:					
Potential Names:						
1						
2						
3						
CORPORATION ADDRESS	MAILING ADDRESS					
Please provide the address of the head office of the Corporation. If the mailing address is different please specify	If the mailing address is different specify below Same as Corporation					
Phone	Phone					
	Address					
Address	Province Postal Code					
Province Postal Code	E-mail					
riovince rostal code						



DIRECTORS OF THE CORPORATION

Please provide the following information of the director(s) and address Director: 2 Director: 1 Name _____ Name _____ Date of Birth Date of Birth SIN SIN Address _____ Address Province _____ Postal Code _____ Province Postal Code What is your residency status in Canada? What is your residency status in Canada? Citizenship | PR Card | Foreigner Citizenship | PR Card | Foreigner If you have additional directors, please indicate under heading other details. Officer Major Business Activity Name of officers-you must have a President What is your major business activity? Secretary (they can be the same person) President _____ V President _____ Secretary _____ Treasurer Other **OTHER DETAILS** Please provide any other important details:



SHAREHOLDER DETAILS

Shareholder Name	Address	Class	Number of Shares
			
AUTH	ORIZED SHARE CLAS	SES	

