

## Incorporation Worksheet

1. **Primary Client Name:** \_\_\_\_\_

**Primary Client Contact (Authorized Signing Authority):**

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

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

Delivery Address: \_\_\_\_\_

Mail Address: **Same as Delivery**  or:

Mailing Address: \_\_\_\_\_

2. Will the company be a shelf company? **Yes**  or **No**

3. Does the company have any extrajurisdictional registrations? **Yes**  or **No**

4. Does this company use any translated names? **Yes**  or **No**

5. Will this be a reporting company? **Yes**  or **No**

6. **Company will have Reserved Name**  or be a **Numbered Company**

7. **Reserved Name:**

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

Reservation Number: \_\_\_\_\_

8. How many shareholders will there be? \_\_\_\_\_

- Shareholders Quorum: (a) if more than 4 shareholders, a majority or percentage  
 (b) if 2 – 4 shareholders, 2  
 (c) if 1 shareholder, 1

9. How many directors will there be? \_\_\_\_\_

- Directors Quorum: (a) if more than 4 directors, a majority  
 (b) if 2 – 4 directors, 2  
 (c) if 1 director, 1

10. Will an Auditor be appointed? **Yes**  or **No**

11. Will the company hold Annual General Meetings? **Yes**  or **No**

12. Can directors fill casual vacancies?

- If the Company was incorporated after March 29, 2004 **Yes**   
 If the Company was incorporated before March 29, 2004 **No**

13. Does the lawyer sign the Annual Report? **Yes**  or **No**

14. Will the production of Financial Statements be waived? **Yes**  or **No**

15. Will the Registered Office be the law firm's address? **Yes**  or **No**

If Not

Delivery Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

16. Will the Records Office be the law firm's address? **Yes**  or **No**

If Not

Delivery Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

17. Will correspondence for the Company be sent to the address of the authorized signatory (primary client) address? **Yes**  or **No**

Delivery Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

18. **Share Structure:**

Unlimited Common Shares without par value, voting, participating, equal share on wind-up, without special rights and restrictions.

Preferred Special Rights and Restrictions as contained in the Ecorp™ Share Structure Library Name of Structure: \_\_\_\_\_

Other (attached Special Rights and Restrictions Worksheet)

19. Lawyer will be the incorporator? **Yes**  or **No**

Client will be the incorporator? **Yes**  or **No**

20. **Shareholders** (for Inter Vivos (Family) Trust Shareholders see Inter Vivos (Family) Trust Worksheet)

**Shareholder Name:** \_\_\_\_\_

Incorporator? **Yes**  or **No**

**Shareholder Contact:**

If Organizational Shareholder, Contact Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

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

Delivery Address: \_\_\_\_\_

Mail Address: **Same as Delivery**  or:

Mailing Address: \_\_\_\_\_

**Shareholder Name:** \_\_\_\_\_

Incorporator? **Yes**  or **No**

**Shareholder Contact:**

If Organizational Shareholder, Contact Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_

- Office Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

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

Delivery Address: \_\_\_\_\_

Mail Address: **Same as Delivery**  or:

Mailing Address: \_\_\_\_\_

21. **Directors**

**Director Name:** \_\_\_\_\_

This director will be the authorized signatory for the company **Yes**  or **No**

**Director Contact:**

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

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

Delivery Address: \_\_\_\_\_

Mail Address: **Same as Delivery**  or:

Mailing Address: \_\_\_\_\_

**Director Name:** \_\_\_\_\_

This director will be the authorized signatory for the company **Yes**  or **No**

**Director Contact:**

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

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

Delivery Address: \_\_\_\_\_

Mail Address: **Same as Delivery**  or:

Mailing Address: \_\_\_\_\_

22. **Will the company have officers? Yes**  **or No**

**Officer Name:** \_\_\_\_\_

**Officer Title:** \_\_\_\_\_

This officer will be the authorized signatory for the company **Yes**  **or No**

**Officer Contact:**

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

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

Delivery Address: \_\_\_\_\_

Mail Address: **Same as Delivery**  or:

Mailing Address: \_\_\_\_\_

**Officer Name:** \_\_\_\_\_

**Officer Title:** \_\_\_\_\_

This officer will be the authorized signatory for the company **Yes**  **or No**

**Officer Contact:**

Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

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

Delivery Address: \_\_\_\_\_

Mail Address: **Same as Delivery**  or:

Mailing Address: \_\_\_\_\_

23. **Will this company have affiliations with another corporation?**

Yes  or No

**Name of Company:** \_\_\_\_\_

Type of Relationship: \_\_\_\_\_

**Name of Company:** \_\_\_\_\_

Type of Relationship: \_\_\_\_\_

24. File Number: \_\_\_\_\_

Company Password: \_\_\_\_\_

Client Number?: \_\_\_\_\_

Minute Book to be kept at law firm? Yes  or No

Corporate Seal to be ordered Yes  or No

Corporate Seal to be kept at law firm? Yes  or No

25. **Shareholdings:**

Shareholder	Quantity of Shares	Class of Shares

26. **Special Instructions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_