ORGANIZATIONAL PROCEEDINGS OF A NOT FOR PROFIT CORPORATION FOLLOWING THE LOSS OF THE MINUTE BOOK

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|  **GENERAL INFORMATION** |
| **Client no.:**       **File no.:**       **Person in charge:**       |
| (Complete if client number is not mentioned)**Name of firm:**      **Address:**      **Telephone:**       **Email:**       |
|  **LETTERS PATENT** |
| **Act of incorporation:** Part III QCA [ ]  Part II CCA [ ]  Federal NFP Act [ ]  **Letters patent:** French [ ]  English [ ] **Service** : Priority [ ]  Regular [ ] **Corporate Name:** Designating number [ ]  French [ ]  English [ ]  Bilingual [ ]      **Address of head office:**      **Location / city / administrative region:**        |

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|  **INFORMATION TO OBTAIN** |
| Certified copy of letters patent and supplementary letters patent [ ] Québec Enterprise Register Report [ ] Strategis Report [ ] FCE Report [ ]  |
| **APPLICANTS-MEMBERS-DIRECTORS-OFFICERS** |
| **1.** Name:      Address:      Profession:      **Applicant** [ ]  **Member** [ ]  **Director** [ ]  **Officer** [ ]  **Signatory of affidavit** [ ] **Office duty:** President [ ]  Vice-President [ ]  Secretary [ ]  Treasurer [ ]  Other:      **Member category:** regular [ ]  other:       N.B.: Our by-laws provide that the applicants become regular members. If this individual is a member but is not an applicant, please complete the following.**Membership:**       **Contribution:**       for a period of:       |

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| **2.** Name:      Address:      Profession:      **Applicant** [ ]  **Member** [ ]  **Director** [ ]  **Officer** [ ]  **Signatory of affidavit** [ ] **Office duty:** President [ ]  Vice-President [ ]  Secretary [ ]  Treasurer [ ]  Other:      **Member category:** regular [ ]  other:       N.B.: Our by-laws provide that the applicants become regular members. If this individual is a member but is not an applicant, please complete the following.**Membership:**       **Contribution:**       for a period of:       |
| **3.** Name:      Address:      Profession:      **Applicant** [ ]  **Member** [ ]  **Director** [ ]  **Officer** [ ]  **Signatory of affidavit** [ ] **Office duty:** President [ ]  Vice-President [ ]  Secretary [ ]  Treasurer [ ]  Other:      **Member category:** regular [ ]  other:       N.B.: Our by-laws provide that the applicants become regular members. If this individual is a member but is not an applicant, please complete the following.**Membership:**       **Contribution:**       for a period of:       |
| **4.** Name:      Address:      Profession:      **Applicant** [ ]  **Member** [ ]  **Director** [ ]  **Officer** [ ]  **Signatory of affidavit** [ ] **Office duty:** President [ ]  Vice-President [ ]  Secretary [ ]  Treasurer [ ]  Other:      **Member category:** regular [ ]  other:       N.B.: Our by-laws provide that the applicants become regular members. If this individual is a member but is not an applicant, please complete the following.**Membership:**       **Contribution:**       for a period of:       |
|  **ORGANIZATIONAL PROCEEDINGS****Date of OP:** incorporation: yes [ ]  other:       **By-laws:** multi [ ]  **Type of book:** Lexcase [ ]  RegisTM [ ] ***If Lexcase:*** Black [ ]  Red [ ]  Blue [ ]  Green [ ]  ***If Regis*TM:** 8 ½" [ ]  9 ¼" [ ] **Seal:** Desk [ ]  Pocket [ ]  MarkmakerTM [ ]  Corporate name engraved on seal [ ]  Other:      **Footnote:**  Jurist [ ]  Firm [ ]  No name [ ] **Financial Institution or Bank:**Name: CIBC [ ]  LB [ ]  BM [ ]  NBC [ ]  SB [ ]  RB [ ]  TDB [ ]  CP [ ] :      Address:      Individuals authorized to sign cheques:      Individuals authorized to make banking transactions:      **Accounting Firm:**       Address:      Accountant in charge:       Telephone:      Mission: verification [ ]  examination report [ ]  notice to reader [ ]  public accountant with mission to be determined [ ] Financial year end:       |

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| **DECLARATION:** Initial [ ]  Registration (if CBCA) [ ]  **Number of employees:**      **Name the two main areas of business:**1st:      2nd:      **\* Tobacco retail sale?** yes [ ]  no [ ] **Correspondence** [ ] Address:      **Places of business in Quebec other than head office** **[ ]  Identical activities** **[ ]  Other:**      Address:      **\* Tobacco retail sale?** yes [ ]  no [ ] **Signing Officer:**  Marque d'Or [ ]  Client [ ]  Other:      **Adoption of an assumed name:**French version:      English version:       |

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| NOTAXTM SERVICE**Has Revenue Canada already given you a business number (BN)?:** **Starting date of business:** Date of incorporation[ ]  Other:      **Sales volume (estimate):** $**Period of remittance:** Annually [ ]  Monthly [ ]  Quarterly [ ] **Date at which you want your registration to come into force:** Date of incorporation [ ]  Other:      **Does the corporation:** sell beer or wine to consumers for home consumption [ ]  sell tobacco [ ]  ............. in an automatic vending machines [ ]  → if yes, do you own the inventory yes [ ]  no [ ]  **P.S. : PLEASE DO NOT FORGET THE** sell alcoholic beverages for consumption on the premises [ ]  **SOCIAL INSURANCE NUMBER** have a brewer's license [ ]  **AND THE POWER OF ATTORNEY** conduct logging operations [ ]  **TO TRANSMIT** Is it subject to *An Act respecting municipal taxation* [ ]  **Do you deal in the import or export business?** Yes [ ]  No [ ] → if yes, state the type of account: Importer [ ]  Exporter [ ]  Import-Export [ ]  State the type of goods you export:      Estimated annual value of the exported goods: $     **Are you a Franchisee?** Yes [ ]  No [ ]  Name of the Franchisor:      **DEDUCTIONS AT SOURCE (DAS)**The **first** payment of wages will be:       (day/month/year)How **often** will you pay your employees or beneficiaries? → Daily [ ]  Weekly [ ]  Every two weeks [ ]  Monthly [ ] The maximum number of **employees** for the next 12 months:       |
| ADMINISTRATION |
| **Date:**       **Order form no.:**  |