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|  |  | 1550 Metcalfe Street, Suite 1500,  Montréal (Québec) H3A 1X6  T 514-393-9900 ● 1 800-668-0668  F 514-393-4060  To order on line, send to [mdo.info@dyedurham.com](mailto:mdo.info@dyedurham.com) |

**PRECO** **AND ORGANIZATIONAL PROCEEDINGS**

## COMPANY OR CORPORATION

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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:** | |
| **ARTICLES OF INCORPORATION** | |
| RESERVATION | |
| **Act of incorporation:** Québec QBCA  Federal CBCA  **Articles:** French  English  **Date of incorporation (to be confirmed depending on availability):**  **Service** : Priority  Regular | |
| MODIFICATION | |
| **New address of head office:**  **Judicial district (if Québec QBCA):**  **Change of province or judicial district**  **If NotaxTM Service, telephone no.:**  **Modification of corporate name:** French  English  Bilingual    **Consent (CBCA):** Yes  No  **Name search and reservation:** To do  Report attached  **Documents to file with search report:** Striking off  Dissolution  Amending declaration  **Modification of share capital:** 1  3  4  7  9  classes Personalized  Of client  **Signature of articles:**  by Marque d’Or  by client  Other: | |
| **DIRECTORS AND SHAREHOLDERS**  **Number of directors:** minimum:       maximum: |
| **1.** Name:  Address:  **Director**  **Officer**  **Shareholder**  ***If director at federal level:*** Canadian Resident  if other, state citizenship:  ***If NotaxTM Service:***Social Insurance Number:       Telephone:  ***Office duty:*** President  Vice-President  Secretary  Treasurer  Other:  ***If shareholder:*** Number:       Designation:       Price/share:  ***If shareholder is not an individual***  QBCA company  CBCA corporation  General partnership (S.E.N.C.)  Limited partnership (S.E.C.)  Association  Name of representative: | |
| **2.** Name:  Address:  **Director**  **Officer**  **Shareholder**  ***If director at federal level:*** Canadian Resident  if other, state citizenship:  ***If NotaxTM Service:***Social Insurance Number:       Telephone:  ***Office duty:*** President  Vice-President  Secretary  Treasurer  Other:  ***If shareholder:*** Number:       Designation:       Price/share:  ***If shareholder is not an individual***  QBCA company  CBCA corporation  General partnership (S.E.N.C.)  Limited partnership (S.E.C.)  Association  Name of representative: | |
| **3.** Name:  Address:  **Director**  **Officer**  **Shareholder**  ***If director at federal level:*** Canadian Resident  if other, state citizenship:  ***If NotaxTM Service:***Social Insurance Number:       Telephone:  ***Office duty:*** President  Vice-President  Secretary  Treasurer  Other:  ***If shareholder:*** Number:       Designation:       Price/share:  ***If shareholder is not an individual***  QBCA company  CBCA corporation  General partnership (S.E.N.C.)  Limited partnership (S.E.C.)  Association  Name of representative: | |
| **4.** Name:  Address:  **Director**  **Officer**  **Shareholder**  ***If director at federal level:*** Canadian Resident  if other, state citizenship:  ***If NotaxTM Service:***Social Insurance Number:       Telephone:  ***Office duty:*** President  Vice-President  Secretary  Treasurer  Other:  ***If shareholder:*** Number:       Designation:       Price/share:  ***If shareholder is not an individual***  QBCA company  CBCA corporation  General partnership (S.E.N.C.)  Limited partnership (S.E.C.)  Association  Name of representative: | |
| **ORGANIZATIONAL PROCEEDINGS**  **Date of OP:** incorporation: yes  other:       **By-laws:** combined  multi  solo  **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: | | |
| 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 company or 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.:** |