



9831-107 Street, Westlock, Alberta T7P 1R9 ph: 780.349.5366 fax: 780.349.6510

*Mark D. Tims, Q.C. *Gregory J. Properzi, B.A., LL.B. *Sarah C. Hayward, M.P.H., J.D. *Graeme T. Harrington, B.B.A., J.D.

*Denotes Professional Corporation

NEW CORPORATION – CLIENT PROFILE

(To Be Completed By Client)

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SUGGESTED NAMES FOR INCORPORATING

(must end in one of the following choices: Limited, Ltd., Incorporated, Inc., Corporation, Corp.)

1st Choice

2nd Choice

BUSINESS ADDRESS:

(If Box Number Please Provide Municipal Address:

COUNTY OF:

SHAREHOLDERS:

NAME	ADDRESS	EMAIL	PHONE NUMBERS		SHARES %
			HOME	CELL	

NEW CORPORATION INFORMATION SHEET

(To Be Completed By Client)

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DIRECTORS – who are elected by the Shareholders to set out the broad direction of the business.

NAME	ADDRESS	EMAIL	PHONE NUMBERS	
			HOME	CELL

(if different than Shareholder's info)

OFFICERS – who are responsible for the day to day business management and operations of the business.

OFFICER	NAME	ADDRESS	EMAIL	PHONE NUMBERS	
				HOME	CELL
PRESIDENT					
VICE-PRESIDENT (if applicable)					
SECRETARY					

(if different than Shareholder's/Director's info)

BANK: _____ Location _____

ACCOUNTANT: _____ Location _____

YEAR END: _____

ORDER CORPORATE SEAL: _____ YES _____ NO

ANNUAL RETURNS:

How would you like to receive your yearly Annual Return packages?

_____ By Email via DocuSign format (for electronic signatures)

_____ By Mail