|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **General Information** | | | | | | |
| Legal name of Corporation | |  | | | | |
| Business Number (BN) | |  | | | Tax year-end date |  |
| **Head Office Address Information** | | | | | | |
| Street Address | |  | | | Suite/Unit |  |
| City | |  | | | Province/State |  |
| Post Code | |  | | | Country |  |
| Telephone Number | |  | | | Fax Number |  |
| **Mailing Address Information (if different from above)** | | | | | | |
| Street Address | |  | | | Suite/Unit |  |
| City | |  | | | Province/State |  |
| Post Code | |  | | | Country |  |
| Telephone Number | |  | | | Fax Number |  |
|  | | | | | | |
| **Signing Officer Information** | | | | | | |
| Title  (Mr, Ms, Dr, etc) |  | | First Name |  | Last Name |  |
| Position, office, or rank | |  | | |  |  |
| Street Address | |  | | | Suite/Unit |  |
| City | |  | | | Province/State |  |
| Post Code | |  | | | Country |  |
| Email address | |  | | | Phone Number |  |

**General Business Information**

Please the details about your organization’s primary business activity and its principal products or services, as it relates to revenue generation.

|  |  |
| --- | --- |
| **Main source(s) of revenue-generating business activity** |  |
|  |  |

|  |  |
| --- | --- |
| **Principle goods/services** | **% of Total Revenue** |
|  |  |
|  |  |
|  |  |

**Shareholder Information**

Please complete this section for any shareholder who holds 10% or more of the corporation’s common and/or preferred shares. Provide only one number (business number, partnership account number, social insurance number or trust number) per shareholder.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Shareholder** | **Shareholder Type** (corporation, partnership, individual or trust) | **Business or Partnership Number** | **Social Insurance Number** (for individuals or trusts only) | **% of Common Shares Owned by Shareholder** | **% of Preferred Shares Owned by Shareholder** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Associated Corporations**

Identify the name of any other corporations and their associated business numbers that you have a controlling (over 50%) share.

|  |  |
| --- | --- |
| **Name of associated corporations** | **Business number (BN) of associated corporations** |
|  |  |
|  |  |