



Heritage Law*

Incorporation Questionnaire

Primary Client Name:

Primary Client Contact Information

Mobile:

Office Phone:

Home Phone:

Office Fax:

Delivery Address:

Postal Code:

City:

Province:

Email Address:

Mailing Address: Same as Delivery ☐ or:

Company will have Reserved Name ☐ or be a Numbered Company ☐

Reserved Name

1st Choice:

2nd Choice:

3rd Choice:

Reservation Number:

How many shareholders will there be?

Shareholders Quorum:

(a) if more than 4 shareholders, a majority

(b) if 2 – 4 shareholders, 2

(c) if 1 shareholder, 1

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
Will an Auditor be appointed Yes <input type="checkbox"/> or No <input type="checkbox"/>	
Will the production of Financial Statements be waived? Yes <input type="checkbox"/> or No <input type="checkbox"/>	
Will the Registered Office be the law firm's address? Yes <input type="checkbox"/> or No <input type="checkbox"/> If Not:	
Delivery Address:	
Mailing Address:	
Will the Records Office be the law firm's address? Yes <input type="checkbox"/> or No <input type="checkbox"/> If Not:	
Delivery Address:	
Mailing Address:	
Will correspondence for the Company be sent to the address of the authorized signatory (primary client) address? Yes <input type="checkbox"/> or No <input type="checkbox"/>	
Delivery Address:	
Mailing Address:	
Share Structure:	
<input type="checkbox"/>	Unlimited Common Shares without par value, voting, participating, without special rights and restrictions.
<input type="checkbox"/>	Preferred Special Rights and Restrictions as contained in the Ecorp™ Share Structure Library
<input type="checkbox"/>	Other (attached Special Rights and Restrictions Worksheet)
Lawyer will be the incorporator? Yes <input type="checkbox"/> or No <input type="checkbox"/>	
Client will be the incorporator? Yes <input type="checkbox"/> or No <input type="checkbox"/>	

Directors

Director Name:

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

Mobile:

Office Phone:

Home Phone:

Office Fax:

Delivery Address:

Postal Code:

City:

Province:

Email Address:

Mailing Address: Same as Delivery ☐ or:

Director Name:

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

Mobile:

Office Phone:

Home Phone:

Office Fax:

Delivery Address:

Postal Code:

City:

Province:

Email Address:

Mailing Address: Same as Delivery ☐ or:

Mobile:

Director Name:

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

Mobile:

Office Phone:

Home Phone:

Office Fax:

Delivery Address:

Postal Code:

City:	Province:	Email Address:
Mailing Address: Same as Delivery <input type="checkbox"/> or:		
Director Name:		
This director will be the authorized signatory for the company Yes <input type="checkbox"/> or No <input type="checkbox"/>		
Mobile:	Office Phone:	
Home Phone:	Office Fax:	
Delivery Address:	Postal Code:	
City:	Province:	Email Address:
Mailing Address: Same as Delivery <input type="checkbox"/> or:		
<i>Officers</i>		
Will the company have officers? Yes <input type="checkbox"/> or No <input type="checkbox"/>		
Officer Name:		
Officer Title:		
This officer will be the authorized signatory for the company Yes <input type="checkbox"/> or No <input type="checkbox"/>		
Mobile:	Office Phone:	
Home Phone:	Office Fax:	
Delivery Address:	Postal Code:	
City:	Province:	Email Address:
Mailing Address: Same as Delivery <input type="checkbox"/> or:		
Officer Name:		

Officer Title:		
This officer will be the authorized signatory for the company Yes <input type="checkbox"/> or No <input type="checkbox"/>		
Mobile:	Office Phone:	
Home Phone:	Office Fax:	
Delivery Address:	Postal Code:	
City:	Province:	Email Address:
Mailing Address: Same as Delivery <input type="checkbox"/> or:		
Will this company have affiliations with another corporation? Yes <input type="checkbox"/> or No <input type="checkbox"/>		
Name of Company:		
Type of Relationship: Parent <input type="checkbox"/> Subsidiary <input type="checkbox"/> Affiliation <input type="checkbox"/>		
Shareholdings:		
Shareholder	Quantity of Shares	Class of Shares
File Number:		
Company Password:		
Client Number?:		
Minute Book to be kept at law firm?	Yes <input type="checkbox"/> or No <input type="checkbox"/>	
Corporate Seal to be ordered	Yes <input type="checkbox"/> or No <input type="checkbox"/>	
Corporate Seal to be kept at law firm?	Yes <input type="checkbox"/> or No <input type="checkbox"/>	