

Legal Name of Corporation:

Operating Name and/or Trade Name:

Address:

Phone Number: Email:

NAME OF PRINCIPAL SHAREHOLDER(S) and/or DIRECTOR(S):

Name: Name:

Address: Address:

Postal Code: Postal Code:

SIN # SIN #

Birth Date: Birth Date:

Phone #: Phone #:

Email address: Email address:

Director: Yes No Shareholder: Yes No Director: Yes No Shareholder: Yes No

% of ownership % of ownership

Note: If there are additional shareholders/directors, please enter them on page 2

Type of Business:

CRA Business Number: Corporate Access Number:

Date of Incorporation: Year End Date:

Type of Accounting System: Client will provide on-line banking access: Yes No

Registered for GST GST filing period: Who Files GST Return?

Registered for Payroll Payroll Filing Period: Who Prepares Payroll?:

Who Files T4/T5/WCB Returns?:

Who files Corporate Annual Return with Alberta Registries?

Nature of our Engagement:

How did you hear about us?:

NAME OF PRINCIPAL SHAREHOLDER(S) and/or DIRECTOR(S):

Name:	Name:
Address:	Address:
Postal Code:	Postal Code:
SIN #	SIN #
Birth Date:	Birth Date:
Phone #:	Phone #:
Email address:	Email address:
Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	Director: <input type="checkbox"/> Yes <input type="checkbox"/> No
Shareholder: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shareholder: <input type="checkbox"/> Yes <input type="checkbox"/> No
% of ownership	% of ownership

KEY RELATIONSHIP CONTACTS:

Name of Bank:	Contact Person:
Branch Location:	
Email address:	Phone #:
Insurance Agent:	Contact Person:
Broker/Agency Location:	
Email address:	Phone #:
Investment Advisor:	Contact Person:
Name of Bank or Financial Institution:	
Email address:	Phone #:
Law Firm:	Contact Person:
Email address:	Phone #:

COMMENTS:

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