

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):**

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

**KEY RELATIONSHIP CONTACTS:**

|                               |                              |
|-------------------------------|------------------------------|
| <b>Name of Bank:</b> .....    | <b>Contact Person:</b> ..... |
| <b>Branch Location:</b> ..... |                              |
| <b>Email address:</b> .....   | <b>Phone #:</b> .....        |

|                                      |                              |
|--------------------------------------|------------------------------|
| <b>Insurance Agent:</b> .....        | <b>Contact Person:</b> ..... |
| <b>Broker/Agency Location:</b> ..... |                              |
| <b>Email address:</b> .....          | <b>Phone #:</b> .....        |

|   |                              |
|---|------------------------------|
| <b>Investment Advisor:</b> .....                    | <b>Contact Person:</b> ..... |
| <b>Name of Bank or Financial Institution:</b> ..... |                              |
| <b>Email address:</b> .....                         | <b>Phone #:</b> .....        |

|                             |                              |
|-----------------------------|------------------------------|
| <b>Law Firm:</b> .....      | <b>Contact Person:</b> ..... |
| <b>Email address:</b> ..... | <b>Phone #:</b> .....        |

**COMMENTS:** .....

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