

BC Incorporation Form

To keep the process of incorporating a business simple, please use this form to provide us with information that we will use to draft an incorporation. Please complete it as thoroughly as possible so we can review the essential information and identify the items for discussion.

Please note: This form is for use in connection with a British Columbia incorporation. This form may not elicit from you all the information you wish to give us or that we will wish to obtain from you. This form assumes that only British Columbia law applies to your business.

PLEASE PRINT CLEARLY. Fields marked with * are required

A. Client Information

Your Full Legal Name:

First Name: *	Middle Name:	Last Name: *
Phone: *	Email: *	

Identification – Please include two (2) pieces of ID; one must be a picture ID.

Note: Can be attached with your form submission or provided at our in-person meeting.

B. Company Name

Name Reservation Number (if reserved):

Name Request: ☐ Numbered company ☐ Named company of my choice

For **named company**, please provide 3 name choices in order of preference:

1.
2.
3.

Please ensure that your proposed name choice contain:

- a distinctive element,
- followed by a descriptive element.
- Corporate names must end with a corporate designation, such as Ltd., Corp. or Inc.

Corporate Designation: ☐ Inc. ☐ Incorporated ☐ Ltd. ☐ Limited ☐ Corp. ☐ Corporation

☐ I would like a RUSH name request

The name approval will be processed within one business day. There is an additional \$100 Registry fee for this service.

Nature of this business *

C. Directors and Officers

Director 1:

Full Legal Name:

First Name:	Middle Name:	Last Name:
Phone:	Email:	

Will this director be the authorized signatory for the company? ☐ Yes ☐ No

Director 2:

Full Legal Name:

First Name:	Middle Name:	Last Name:
Phone:	Email:	

Will this director be the authorized signatory for the company? ☐ Yes ☐ No

Director 3:

Full Legal Name:

First Name:	Middle Name:	Last Name:
Phone:	Email:	

Will this director be the authorized signatory for the company? ☐ Yes ☐ No

Director 4:

Full Legal Name:

First Name:	Middle Name:	Last Name:
Phone:	Email:	

Will this director be the authorized signatory for the company? ☐ Yes ☐ No

Director 5:

Full Legal Name:

First Name:	Middle Name:	Last Name:
Phone:	Email:	

Will this director be the authorized signatory for the company? ☐ Yes ☐ No

Officer 1:

Full Legal Name:

First Name:	Middle Name:	Last Name:
Phone:	Email:	

Will this officer be the authorized signatory for the company? ☐ Yes ☐ No**Officer 2:**

Full Legal Name:

First Name:	Middle Name:	Last Name:
Phone:	Email:	

Will this officer be the authorized signatory for the company? ☐ Yes ☐ No**Officer 3:**

Full Legal Name:

First Name:	Middle Name:	Last Name:
Phone:	Email:	

Will this officer be the authorized signatory for the company? ☐ Yes ☐ No**Officer 4:**

Full Legal Name:

First Name:	Middle Name:	Last Name:
Phone:	Email:	

Will this officer be the authorized signatory for the company? ☐ Yes ☐ No**Officer 5:**

Full Legal Name:

First Name:	Middle Name:	Last Name:
Phone:	Email:	

Will this officer be the authorized signatory for the company? ☐ Yes ☐ No

Note: If there more more directors or officers, please write their information on a separate page and attach it with your form submission.

C. Authorized Share Structure**

- ☐ I am unsure
- ☐ Option 1 – Two Classes: Class A Common Voting Without Par Value, and Class B Common Non-Voting Without Par Value
- ☐ Option 2 – Four Classes: Class A Common Voting Without Par Value, Class B Common Voting Without Par Value, Class C Common Non-Voting Without Par Value, Class D Common Non-Voting Without Par Value
- ☐ Other

** Before setting up the share structure, we recommend you consult a qualified tax advisor or accountant to confirm that share structure is suitable for your needs, as we do not provide taxation or accounting advice.

If other, please specify:

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Shareholder 1:

First Name:	Middle Name:	Last Name:
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Date of Birth:	Number of Classes and Shares:	

Is this shareholder a Canadian citizen or permanent resident?

☐ Yes ☐ No

If no, of what country are you a citizen?

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Is this shareholder a Canadian resident for tax purposes? ☐ Yes ☐ No

The shareholder has residential ties in Canada, or resides in Canada for at least 183 days per year.

Shareholder 2:

First Name:	Middle Name:	Last Name:
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	

Date of Birth:	Number of Classes and Shares:
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Is this shareholder a Canadian citizen or permanent resident?

☐ Yes ☐ No

If no, of what country are you a citizen?

Is this shareholder a Canadian resident for tax purposes? ☐ Yes ☐ No

The shareholder has residential ties in Canada, or resides in Canada for at least 183 days per year.

Shareholder 3:

First Name:	Middle Name:	Last Name:
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Date of Birth:	Number of Classes and Shares:	

Is this shareholder a Canadian citizen or permanent resident?

☐ Yes ☐ No

If no, of what country are you a citizen?

Is this shareholder a Canadian resident for tax purposes? ☐ Yes ☐ No

The shareholder has residential ties in Canada, or resides in Canada for at least 183 days per year.

Shareholder 4:

First Name:	Middle Name:	Last Name:
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Date of Birth:	Number of Classes and Shares:	

Is this shareholder a Canadian citizen or permanent resident?

☐ Yes ☐ No

If no, of what country are you a citizen?

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Is this shareholder a Canadian resident for tax purposes? ☐ Yes ☐ No

The shareholder has residential ties in Canada, or resides in Canada for at least 183 days per year.

Shareholder 5:

First Name:	Middle Name:	Last Name:
Street Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Date of Birth:	Number of Classes and Shares:	

Is this shareholder a Canadian citizen or permanent resident?

☐ Yes ☐ No

If no, of what country are you a citizen?

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Is this shareholder a Canadian resident for tax purposes? ☐ Yes ☐ No

The shareholder has residential ties in Canada, or resides in Canada for at least 183 days per year.

Special Rights & Restrictions

I wish to incorporate using the standard Articles for a BC company? ☐ Yes ☐ No

I have a professional organization and require special articles as per by profession (i.e. doctor, dentist, lawyer, chiropractor)? ☐ Yes ☐ No

Lawyer to take one (1) share as incorporator to be transferred upon incorporation? ☐ Yes ☐ No

Will the Registered & Records Office be the law firm's address? ☐ Yes ☐ No

If no, please provide the Registered & Records Office address:

Street Address:		
City:	Province:	Postal Code:

Will correspondence for the company be sent to the address of the authorized signatory (primary client) address? ☐ Yes ☐ No

If no, please provide company correspondence address:

Street Address:		
City:	Province:	Postal Code:

Additional Comments (if any):

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☐ I confirm that Open Door Law Corporation is to incorporate the company on my behalf and I agree to pay all legal fees, taxes and disbursements associated with the incorporation. I further confirm that all information provided is true and accurate to the best of my knowledge.

Please note: The provision of information to our office does not mean that you are represented. While Open Door Law Corporation is glad to be able to assist you with your matter, our engagement will only begin once we have confirmed that we are acting for you or if there is contact to work on the file. If you have any questions, please feel free to contact us at info@opendoorlaw.com or 604-689-3667.