

BC Incorporation Form

When you are ready to take your business to the next level, we are here to help you start a new corporation. As experienced counsel, we focus on the legal details so you can focus on your new venture. Our BC Incorporation Form should be completed by the person seeking to incorporate and he or she should provide as much information as is possible to ensure that we can assist promptly and effectively. We recognize that business owners don't always have some of the required information available to them and sometimes need to consult with their accountants. That is understandable and we ask that the incorporator provide as much information as is requested and where information is unknown, to let us know and we can assist to fill in the gaps or work with your accountant to do so.

Note: By completing this form, a solicitor client relationship should not be assumed as we are required to conduct a conflict check and provide you with an engagement letter as part of our regulatory and best practice requirements before we are fully engaged. While this form intends to gather the most relevant information, we reserve the right to ask for additional information which is necessary to provide effective counsel and assistance to you.

PLEASE PRINT CLEARLY. Fields marked with * are required

A. Client Information

Your Full Legal Name:

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

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?

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?

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):

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.

Required Consent and Agreement *

I consent to Open Door Law Corporation's Privacy Policy and Terms of Use Disclaimer (www.opendoorlaw.com/privacy-disclaimer).