

# Canadian Cathay Tax

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## Service Order Form 1 – Incorporation Services

### Contact Information

Client first name \_\_\_\_\_ Last name \_\_\_\_\_  
Address : \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Post code \_\_\_\_\_  
Tel : \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Request for NUANS report

- Report for Ontario incorporation  Report for Federal incorporation

List your proposed names in a preferred order:

- 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

Corporation names may be ended with: Inc., Limited, Ltd., Incorporated, Corporation, Corp. Limitee, and Incorporee

Request for Incorporation For  Ontario incorp. or  Federal incorp.

First director(s), add a page if more than 3 directors:

1. First name \_\_\_\_\_ Last name \_\_\_\_\_ Tel \_\_\_\_\_ SIN \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Post code \_\_\_\_\_  
Administrative position in the company \_\_\_\_\_
2. First name \_\_\_\_\_ Last name \_\_\_\_\_ Tel \_\_\_\_\_ SIN \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Post code \_\_\_\_\_  
Administrative position in the company \_\_\_\_\_
3. First name \_\_\_\_\_ Last name \_\_\_\_\_ Tel \_\_\_\_\_ SIN \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Post code \_\_\_\_\_  
Administrative position in the company \_\_\_\_\_

Address of registered office \_\_\_\_\_

### Request for Tax Registration

Legal name of the corporation (if different) \_\_\_\_\_

Tax accounts required  GST/HST  Payroll  Import/export  Income tax  Other

Bank and address \_\_\_\_\_

Major business activities \_\_\_\_\_

List three products \_\_\_\_\_

Estimated annual sales \_\_\_\_\_

Number of persons on payroll \_\_\_\_\_ Starting date \_\_\_\_\_

Payment period:  wkly,  biwkly,  monthly,  semi-monthly

Date \_\_\_\_\_ Signature \_\_\_\_\_