

## Canadian Cathay Tax (加泰税务)

1027 McNicoll Avenue, 2<sup>nd</sup> Floor, Toronto, ON M1W 3W6, Canada

Tel: 416-496-0080 Fax: 647-478-8177

### Service Order Form 1 – Incorporation Services (公司服务订单 1)

Client first name 名 \_\_\_\_\_ Last name 姓 \_\_\_\_\_  
Address 地址: \_\_\_\_\_ City 城市 \_\_\_\_\_ Province 省 \_\_\_\_\_ Post code 邮编 \_\_\_\_\_  
Tel 电话: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#### Request for NUANS report

☐ Report for Ontario incorporation ☐ Report for Federal incorporation

List your proposed names in a preferred order 列出三个想要的公司名称:

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

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

#### Request for Incorporation For ☐ Ontario incorp. 注册安省公司 or ☐ Federal incorp. 注册联邦公司

First director(s), add a page if more than 3 directors 首批董事, 如三名以上请另加一页:

1. First name 名 \_\_\_\_\_ Last name 姓 \_\_\_\_\_ Tel 电话: \_\_\_\_\_ SIN 社会保险号 \_\_\_\_\_

Address 地址: \_\_\_\_\_ City 城市 \_\_\_\_\_ Province 省 \_\_\_\_\_ Post code 邮编 \_\_\_\_\_

Administrative position in the company 行政职位 \_\_\_\_\_

2. First name 名 \_\_\_\_\_ Last name 姓 \_\_\_\_\_ Tel 电话: \_\_\_\_\_ SIN 社会保险号 \_\_\_\_\_

Address 地址: \_\_\_\_\_ City 城市 \_\_\_\_\_ Province 省 \_\_\_\_\_ Post code 邮编 \_\_\_\_\_

Administrative position in the company 行政职位 \_\_\_\_\_

3. First name 名 \_\_\_\_\_ Last name 姓 \_\_\_\_\_ Tel 电话: \_\_\_\_\_ SIN 社会保险号 \_\_\_\_\_

Address 地址: \_\_\_\_\_ City 城市 \_\_\_\_\_ Province 省 \_\_\_\_\_ Post code 邮编 \_\_\_\_\_

Administrative position in the company 行政职位 \_\_\_\_\_

Address of registered office 办公地址: \_\_\_\_\_

#### Request for Tax Registration

Legal name of the corporation (if different) 公司名称: \_\_\_\_\_

Tax accounts required 所需税号: ☐ GST/HST ☐ Payroll ☐ Import/export ☐ Income tax ☐ Other

Bank and address 银行及地址: \_\_\_\_\_

Major business activities 主要商业活动: \_\_\_\_\_

List three products 列举三个产品: \_\_\_\_\_

Estimated annual sales 预计年营业额: \_\_\_\_\_

Number of persons on payroll 正式发工资人数: \_\_\_\_\_ Starting date 开发日子: \_\_\_\_\_

Payment period: ☐ wkly 每周发, ☐ biwkly 每两周发, ☐ monthly 每月发, ☐ semi-monthly 每半月发

Date 日期 \_\_\_\_\_ Signature 签名 \_\_\_\_\_