

Incorporation Extra *Director* / Ontario Business Name Registration Extra *Registrant* Information Order Form

Note: Only 1) *Incorporation (Federal/Ontario) which has more than three directors* OR
2) *Partnership Registration which has more than one registrant* **NEED THIS PAGE.**

Name and Address for Service of Extra Director or Registrant

SECOND	First Name:	Middle Initial:	Last Name:
	<input type="checkbox"/> <i>Same as business address</i> Suite:	Street No. & Name:	
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code:	City:

THIRD	First Name:	Middle Initial:	Last Name:
	<input type="checkbox"/> <i>Same as business address</i> Suite:	Street No. & Name:	
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code:	City:

FOURTH	First Name:	Middle Initial:	Last Name:
	<input type="checkbox"/> <i>Same as business address</i> Suite:	Street No. & Name:	
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code:	City:

FIFTH	First Name:	Middle Initial:	Last Name:
	<input type="checkbox"/> <i>Same as business address</i> Suite:	Street No. & Name:	
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code:	City:

SIXTH	First Name:	Middle Initial:	Last Name:
	<input type="checkbox"/> <i>Same as business address</i> Suite:	Street No. & Name:	
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code:	City:

SEVENTH	First Name:	Middle Initial:	Last Name:
	<input type="checkbox"/> <i>Same as business address</i> Suite:	Street No. & Name:	
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code:	City:

EIGHTH	First Name:	Middle Initial:	Last Name:
	<input type="checkbox"/> <i>Same as business address</i> Suite:	Street No. & Name:	
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code:	City: