

Re: Ontario Not-for-Profit Incorporation

Please find attached:

1. Our price list;
2. The Incorporation Information Form;
3. Signature page for all the directors to sign.

The Ontario Government fee for non-profit incorporation is as follows:

1. **\$155.00** (standard service – processing time **6~8 weeks**)
2. **\$255.00** (expedited service – processing time **7-10 business days**).

Please choose N01 or N02 on the price list for our service fee.

❖ Acronyms are not acceptable in not-for-profit corporate names unless the full meaning is indicated in the name.

• The proposed name must reflect the objects of the organization and must not infer that it could be a business corporation.

• **Minimum Three directors** are required; each director must be at least eighteen years of age. Please have all the directors sign on the last page (signature page). Please scan and email us a clear copy of your application forms.

• Please provide a list of OBJECTS: the objects should be a concise statement of the ultimate purpose of the corporation. It is advisable to keep the objects short but broad in nature. They should however, be sufficiently specific so as to avoid misinterpretation.

We accept major credit card or Email Money Transfer (EMT).

Should you have any questions please do not hesitate to contact us. Thank you very much.

Sincerely yours,

Sandra Chen / Susan Ding

Ontario Not-for-Profit Incorporation Information

Contact Name: _____ Tel: () _____ Cell: () _____ Date: _____

1. Proposed Corporation Name

List your proposed corporation names in a preferred order:

2. Object of the Corporation (please attach extra sheet)

3. Address of the Head Office of the Corporation

Suite/Apt./Unit: _____ Street No. & Name: _____
 City: _____ Province: *ONTARIO* Postal Code: _____ Business Phone: () _____

4. Directors' Name and Directors' Address for Service

FIRST	First Name: _____ Middle Initial: _____ Last Name: _____
	<input type="checkbox"/> Same as office address Suite: _____ Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Postal Code: _____ City: _____ Province: <input type="checkbox"/> <i>ONTARIO</i>
	Officer Position: <input type="checkbox"/> <i>President</i> <input type="checkbox"/> <i>Secretary</i> <input type="checkbox"/> <i>Treasurer</i> <input type="checkbox"/> <i>General Manager</i> <input type="checkbox"/> <i>Other:</i> _____

SECOND	First Name: _____ Middle Initial: _____ Last Name: _____
	<input type="checkbox"/> Same as office address Suite: _____ Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Postal Code: _____ City: _____ Province: <input type="checkbox"/> <i>ONTARIO</i>
	Officer Position: <input type="checkbox"/> <i>President</i> <input type="checkbox"/> <i>Secretary</i> <input type="checkbox"/> <i>Treasurer</i> <input type="checkbox"/> <i>General Manager</i> <input type="checkbox"/> <i>Other:</i> _____

THIRD	First Name: _____ Middle Initial: _____ Last Name: _____
	<input type="checkbox"/> Same as office address Suite: _____ Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Postal Code: _____ City: _____ Province: <input type="checkbox"/> <i>ONTARIO</i>
	Officer Position: <input type="checkbox"/> <i>President</i> <input type="checkbox"/> <i>Secretary</i> <input type="checkbox"/> <i>Treasurer</i> <input type="checkbox"/> <i>General Manager</i> <input type="checkbox"/> <i>Other:</i> _____

5. Extra Information

➤ Authorizing person Signature: **X** _____ Authorizing person Name: _____

➤ How to File the Article? *Standard Service (6-8 weeks)* *Expedited Service (7 business days)*

Email Address: _____

Would you like us to courier back your original documents? (The courier fee is \$20+Hst) YES NO, send by Canada Post regular mail

Delivery Address: _____

6. The names and address for service of the applicants:

4.

Nom et prénoms et domicile élu des requérants :

First name, middle names and
surname
*Prénom, autres Prénoms et nom de
famille*

Address for service, giving Street & No. or R.R. No., Municipality, Province,
Country and Postal Code
*Domicile élu, y compris la rue et le numéro, le numéro de la R.R. ou le
nom de la municipalité, la province, le pays et le code postal*

1. _____

2. _____

3. _____

This application is executed in duplicate.

La présente requête est faite en double exemplaire.

Signatures of applicants
Signature des requérants

1. _____

2. _____

3. _____