

CANADA WEST ACCOUNTANTS LTD

Business Incorporation Services Checklist Form

Client Information
Client Name:
Business Name (if applicable):
Contact Person:
Email Address:
Phone Number:
Mailing Address:
1. Business Structure
Corporation Type (check one):
 Federal Incorporation (for nationwide operation)
 Provincial Incorporation (for specific province)
o Non-Profit Organization
o Cooperative
Industry:
Business Purpose:
2. Business Name Details
Proposed Business Name:
NUANS Report (if applicable for name availability check):
 NUANS Name Search Completed
 Name Reserved (if applicable)
Name Registration (choose one):
o Registered Business Name
o No Registration Needed (e.g., using personal name)
3. Incorporation Details

- 3. lı
 - **Province of Incorporation** (if provincial):
 - Ontario
 - **British Columbia**
 - Alberta

0	Incorporation Date (preferred date):			
• Directo	or Information:			
0	Number of Directors:			
0	Are all directors Canadian residents? [] Yes [] No			
0	List of Directors (names, addresses, email):			
	■ Director 1:			
	■ Director 2:			
	■ Director 3:			
4. Share Struc	ture			
Number of Shares to Issue:				
• Types	of Shares:			
0	Common			
0	Preferred			
0	Other:			
• Sharel	nolder Details:			
0	Number of Shareholders:			
0	List of Shareholders:			
	Shareholder 1:			
	Shareholder 2:			
5. Legal & Fina	ancial Information			
• Busine	ess Number (BN) Registration:			
0	Requested from CRA (Canada Revenue Agency)			
• GST/H	ST Registration (if applicable):			
0	Required (business revenue over \$30,000)			
0	Not Required (business revenue under \$30,000)			
• Tax Inf	formation:			
0	Corporation Tax Account			
0	Payroll Account (if applicable)			
• Regist	ered Address for Incorporation:			
0	Address Provided:			

6. Req	6. Required Documentation			
•	Articles of Incorporation:			
	0	Prepared		
	0	Signed		
•	Corpo	rate By-Laws:		
	0	Prepared		
	0	Signed		
•	Share	nolder Agreement (if applicable):		
	0	Prepared		
	0	Signed		
•	Directo	or Resolutions (if applicable):		
	0	Prepared		
	0	Signed		
7. Add	itional S	Services (if required)		
•	Regist	ered Agent (if applicable):		
	0	Required (e.g., for federal incorporation or non-resident)		
•	Busine	ess License (if applicable):		
	0	Required		
	0	Not Required		
•	Traden	nark Registration:		
	0	Requested		
•	Domai	n Name Registration:		
	0	Requested		
•	Websi	te Hosting & Setup (if applicable):		
	0	Requested		
8. Client Expectations & Timeline				
•	Prefer	red Incorporation Date:		
•	Expec	ted Start Date for Business Operations:		

Other Important Deadlines or Milestones:

• CI	ient's	s Desired Communication Frequency:		
	0	Weekly Updates		
	0	Bi-Weekly Updates		
	0	Monthly Updates		
9. Finalizing the Incorporation Process				
• In	corp	oration Forms Submitted:		
	0	Federal Forms Submitted (for federal incorporation)		
	0	Provincial Forms Submitted (for provincial incorporation)		
• Inc	corp	oration Certificate Received:		
	0	Federal		
	0	Provincial		
• CI	ient's	s Corporate Records Book Set Up:		
	0	Corporate Seal		
	0	Share Certificates (if applicable)		
10. Ongoing Support (optional)				
• Ac	ccoui	nting & Bookkeeping Services:		
	0	Requested		
	0	Not Required		
• Ta	x Fili	ing Services:		
	0	Requested		
	0	Not Required		
• Ar	nnua	Return Filing Service:		
	0	Requested		
	0	Not Required		
Confirmat	tion			
• Da	ate of	Form Completion:		
Client Signature:				
• Se	ervice	e Provider Signature:		