

## ORDINARY AMALGAMATION AND ORGANIZATIONAL PROCEEDINGS OF A CORPORATION

<b>GENERAL INFORMATION</b>		
<b>Client No.:</b>	<b>File No.:</b>	<b>Person in charge:</b>
(Complete if client number is not mentioned)		
<b>Name of Firm:</b>		
<b>Address:</b>		
<b>Phone:</b>	<b>Email:</b>	

<b>1<sup>ST</sup> AMALGAMATING COMPANY</b>			
<b>Corporate Name:</b>			
Quebec QBCA	Federal CBCA	Quebec Enterprise No. (NEQ):	Corporation No. (Federal):
<b>Restrictions :</b> Unanimous Agreement      Articles      Shareholders' Approval      Shareholders' Decision			
<b>Head Office Address:</b>			
Director(s)	Shareholders	Office	
Individual authorized to sign articles of amalgamation, amalgamation agreement and statutory declaration:			

<b>ALLOTMENT OF SHARES PRIOR TO AMALGAMATION</b>					
Name of Shareholder	Shares		Share Capital		Certificate No.
	Number	Designation	Issued	Paid	

## 2<sup>ND</sup> AMALGAMATING COMPANY

**Corporate Name:**

Quebec QBCA    Federal CBCA    Quebec Enterprise No. (NEQ):    Corporation No. (Federal):

**Restrictions :** Unanimous Agreement    Articles    Shareholders' Approval    Shareholders' Decision**Head Office Address:**

Director(s)	Shareholders	Office

Individual authorized to sign articles of amalgamation, amalgamation agreement and statutory declaration:

## ALLOTMENT OF SHARES PRIOR TO AMALGAMATION

Name of Shareholder	Shares		Share Capital		Certificate No.
	Number	Designation	Issued	Paid	

## 3<sup>RD</sup> AMALGAMATING COMPANY

**Corporate Name:**

Quebec QBCA    Federal CBCA    Quebec Enterprise No. (NEQ):    Corporation No. (Federal):

**Restrictions :** Unanimous Agreement    Articles    Shareholders' Approval    Shareholders' Decision**Head Office Address:**

Director(s)	Shareholders	Office

Individual authorized to sign articles of amalgamation, amalgamation agreement and statutory declaration:

## ALLOTMENT OF SHARES PRIOR TO AMALGAMATION

Name of Shareholder	Shares		Share Capital		Certificate No.
	Number	Designation	Issued	Paid	

## ARTICLES OF AMALGAMATION

**Act of Incorporation:** Quebec QBCA      Federal CBCA      **Articles:** French      English  
**Specific date of amalgamation?** Yes      No      If yes, please specify:      **Service:** Priority      Regular  
**Corporate Name:** Designating number      French      English      Bilingual  
**Name:**  
**Consent (CBCA):** Yes      No      **Name search and reservation:** To do      Report attached  
**Documents to file with search report:** Striking Off      Dissolution      Amending Declaration  
**Head Office Address:**  
**Judicial District (QBCA):**  
**Share Capital:**      1      3      4      7      9      Personalized      Of client  
**Schedules B-C:** Standard  
**Signature of the articles:** By Marque d'Or      By client      Other:

## CONVERSION OF SHARES

### ALLOTMENT OF SHARES AFTER AMALGAMATION

Name of Shareholder	Shares		Share Capital		Certificate No.
	Number	Designation	Issued	Paid	

### DIRECTORS, OFFICERS AND SHAREHOLDERS

**Number of directors:** Minimum      Maximum

**1.** First Name/Last Name:      Entity:  
 Entity Name:  
 Address:  
**Director      Officer      Shareholder**  
*If director at federal level:* Canadian Resident      If other, state citizenship:  
*If Notax™ Service:* Social Insurance Number:      Phone:  
*Office Duty:* President      Vice-President      Secretary      Treasurer      Other:  
*If shareholder:* Number:      Designation :      Price/Share:  
*If shareholder is not an individual*  
 QBCA Corporation      CBCA Corporation      Trust      Association  
 Name of Representative:

2. First Name/Last Name: \_\_\_\_\_ Entity: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Director      Officer      Shareholder**

**If director at federal level:** Canadian Resident      If other, state citizenship: \_\_\_\_\_

**If Notax™ Service:** Social Insurance Number: \_\_\_\_\_ Phone \_\_\_\_\_

**Office Duty:** President      Vice-President      Secretary      Treasurer      Other: \_\_\_\_\_

**If shareholder:** Number: \_\_\_\_\_ Designation : \_\_\_\_\_ Price/Share: \_\_\_\_\_

**If shareholder is not an individual**

QBCA Corporation      CBCA Corporation      Trust      Association

Name of Representative: \_\_\_\_\_

3. First Name/Last Name: \_\_\_\_\_ Entity: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Director      Officer      Shareholder**

**If director at federal level:** Canadian Resident      If other, state citizenship: \_\_\_\_\_

**If Notax™ Service:** Social Insurance Number: \_\_\_\_\_ Phone \_\_\_\_\_

**Office Duty:** President      Vice-President      Secretary      Treasurer      Other: \_\_\_\_\_

**If shareholder:** Number: \_\_\_\_\_ Designation : \_\_\_\_\_ Price/Share: \_\_\_\_\_

**If shareholder is not an individual**

QBCA Corporation      CBCA Corporation      Trust      Association

Name of Representative: \_\_\_\_\_

4. First Name/Last Name: \_\_\_\_\_ Entity: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Director      Officer      Shareholder**

**If director at federal level:** Canadian Resident      If other, state citizenship: \_\_\_\_\_

**If Notax™ Service:** Social Insurance Number: \_\_\_\_\_ Phone \_\_\_\_\_

**Office Duty:** President      Vice-President      Secretary      Treasurer      Other: \_\_\_\_\_

**If shareholder:** Number: \_\_\_\_\_ Designation : \_\_\_\_\_ Price/Share: \_\_\_\_\_

**If shareholder is not an individual**

QBCA Corporation      CBCA Corporation      Trust      Association

Name of Representative: \_\_\_\_\_



## NOTAX™ SERVICE

**Has Revenue Canada already given you a business number (BN)?:**

**Starting date of business:** Date of Incorporation                      Other :

**Sales Volume (estimate):** \$

**Period of remittance:** Annually              Monthly              Quarterly

**Date at which you want your registration to come into force:** Date of incorporation              Other :

**Does the company or corporation:**

Sell beer or wine to consumers for home consumption

Sell tobacco              .....in an automatic vending machines

→ if yes, do you own the inventory    Yes              No

Sell alcoholic beverages for consumption on the premises

Have a brewer's license

Conduct logging operations

Is it subject to *An Act respecting municipal taxation*

**P.S.: PLEASE DO NOT FORGET  
THE SOCIAL INSURANCE NUMBER  
AND THE POWER OF ATTORNEY  
TO TRANSMIT**

**Do you deal in the import or export business?** Yes              No

→ If yes, state the type of account: Importer              Exporter              Import-Export

State the type of goods you export:

Estimated annual value of the exported goods: \$

**Are you a Franchisee?** Yes              No              Name of the Franchisor:

### DEDUCTIONS AT SOURCE (DAS)

The **first** payment of wages will be:                      (day/month/year)

How **often** will you pay your employees or beneficiaries?

→ Daily              Weekly              Every two weeks              Monthly

The maximum number of **employees** for the next 12 months:

## ADMINISTRATION

**Date :**

**Order Form No.:**

## PROXY

The business below, hereby authorizes Thomson Reuters – Marque d’or and more precisely its employee :

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- a) to take the necessary actions with the representatives of the Québec Ministry of Revenue in order to obtain the following registration numbers : GST, QST, deductions at source, corporate income tax and/or Business Number («tax numbers»); and
- b) sign and file the application to register for tax numbers.

Furthermore, we allow Revenu Québec and the Canada Revenue Agency to divulge the tax numbers to the employee of Thomson Reuters – Marque d’or and to provide to him or her any other relevant information for that purpose and in particular changes or any additional information requested.

Finally, the business below certifies that the information it had provided is accurate, complete, truthful and that no relevant information is omitted.

Mandate given to Thomson Reuters – Marque d’or, this \_\_\_\_\_ day of \_\_\_\_\_ the year \_\_\_\_\_

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*Name of business*

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*Authorized representative of the business  
(Name in print form)*

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*Signature of the authorized representative*

President                      Vice-president                      Secretary  
Treasurer                      Partner in a partnership (CcQ)  
Individual in a sole proprietorship

**N.B. :** *This proxy must be signed by at least one officer, partner or individual named in the application. In the case of a corporation, the proxy must be signed by the president, the vice-president, secretary or treasurer. In the case of a partnership, the proxy must be signed by one of the partners and in the case of an individual, the proxy must be signed by the latter.*

# Fax

**To:** Thomson Reuters – Marque d'or

**CHECK IF PRIORITY SERVICE**

**C/O:** Notax Department

**Fax number:** 514 393-4060

**From:** \_\_\_\_\_

**Our phone number:** \_\_\_\_\_

**Our client number:** \_\_\_\_\_

**Our file number:** \_\_\_\_\_

**Subject:** Request to register for tax numbers

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Good day,

Please find attached our application to obtain the tax numbers. If you need additional information, please contact us.

Yours truly

\_\_\_\_\_  
Name