

ORGANIZATIONAL PROCEEDINGS OF A NOT FOR PROFIT CORPORATION FOLLOWING THE LOSS OF THE MINUTE BOOK

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| **GENERAL INFORMATION** |
| **Client no.:**       **File no.:**       **Person in charge:** |
| (Complete if client number is not mentioned)  **Name of firm:**  **Address:**  **Telephone:**       **Email:** |
| **LETTERS PATENT** |
| **Act of incorporation:** Part III QCA  Part II CCA  Federal NFP Act  **Letters patent:** French  English  **Service** : Priority  Regular  **Corporate Name:** Designating number  French  English  Bilingual    **Address of head office:**  **Location / city / administrative region:** |

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| **INFORMATION TO OBTAIN** |
| Certified copy of letters patent and supplementary letters patent  Québec Enterprise Register Report  Strategis Report  FCE Report |
| **APPLICANTS-MEMBERS-DIRECTORS-OFFICERS** |
| **1.** Name:  Address:  Profession:  **Applicant**  **Member**  **Director**  **Officer**  **Signatory of affidavit**  **Office duty:** President  Vice-President  Secretary  Treasurer  Other:  **Member category:** regular  other:  N.B.: Our by-laws provide that the applicants become regular members. If this individual is a member but is not an applicant, please complete the following.  **Membership:**       **Contribution:**       for a period of: |

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| **2.** Name:  Address:  Profession:  **Applicant**  **Member**  **Director**  **Officer**  **Signatory of affidavit**  **Office duty:** President  Vice-President  Secretary  Treasurer  Other:  **Member category:** regular  other:  N.B.: Our by-laws provide that the applicants become regular members. If this individual is a member but is not an applicant, please complete the following.  **Membership:**       **Contribution:**       for a period of: | |
| **3.** Name:  Address:  Profession:  **Applicant**  **Member**  **Director**  **Officer**  **Signatory of affidavit**  **Office duty:** President  Vice-President  Secretary  Treasurer  Other:  **Member category:** regular  other:  N.B.: Our by-laws provide that the applicants become regular members. If this individual is a member but is not an applicant, please complete the following.  **Membership:**       **Contribution:**       for a period of: | |
| **4.** Name:  Address:  Profession:  **Applicant**  **Member**  **Director**  **Officer**  **Signatory of affidavit**  **Office duty:** President  Vice-President  Secretary  Treasurer  Other:  **Member category:** regular  other:  N.B.: Our by-laws provide that the applicants become regular members. If this individual is a member but is not an applicant, please complete the following.  **Membership:**       **Contribution:**       for a period of: | |
| **ORGANIZATIONAL PROCEEDINGS**  **Date of OP:** incorporation: yes  other:       **By-laws:** multi  **Type of book:** Lexcase  RegisTM  ***If Lexcase:*** Black  Red  Blue  Green  ***If Regis*TM:** 8 ½"  9 ¼"  **Seal:** Desk  Pocket  MarkmakerTM  Corporate name engraved on seal  Other:  **Footnote:**  Jurist  Firm  No name  **Financial Institution or Bank:**  Name: CIBC  LB  BM  NBC  SB  RB  TDB  CP :  Address:  Individuals authorized to sign cheques:  Individuals authorized to make banking transactions:  **Accounting Firm:**  Address:  Accountant in charge:       Telephone:  Mission: verification  examination report  notice to reader  public accountant with mission to be determined  Financial year end: |

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| **DECLARATION:** Initial  Registration (if CBCA)  **Number of employees:**  **Name the two main areas of business:**  1st:  2nd:  **\* Tobacco retail sale?** yes  no  **Correspondence**  Address:  **Places of business in Quebec other than head office**  **Identical activities**  **Other:**  Address:  **\* Tobacco retail sale?** yes  no  **Signing Officer:**  Marque d'Or  Client  Other:  **Adoption of an assumed name:**  French version:  English version: |

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| NOTAXTM 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 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  **P.S. : PLEASE DO NOT FORGET THE**  sell alcoholic beverages for consumption on the premises  **SOCIAL INSURANCE NUMBER**  have a brewer's license  **AND THE POWER OF ATTORNEY**  conduct logging operations  **TO TRANSMIT**  Is it subject to *An Act respecting municipal taxation*  **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.:** |