MAK Accounting & Tax Services

700 Dundas Street East Suite 14, Mississauga, ON, L5A 3H7
Phone:(905) 276-0878, Fax:(416) 946-1839, www.makaccounting.ca

INCORPORATION FORM

(Please Print) (Federal/ Ontario)

Incorporation Name : (If numbered corporation,please indicate "Numbered".)

Choice#1

Choice#2

Choice#3

Specify ending as(circle one): ***"Inc."*** **"Ltd." "Corp." "Incorporated" "Limited" "Corporation"**

Business Address:

Address1

Address2

City Province O N PostalCode -

Telephone# - - Fax# - -

Business Activity (Specify): _____

_____

Authorization:

Following persons are willing to act as first directors of the proposed Corporation and by signing below they are also authorizing "MAK Accounting & Tax Services" to file incorporation documents on their behalf.

First Director **:**

Last Name

Given Name Mid Init. SIN# - -

Address

City Province PostalCode -

Home # - - Bus. # - -

Cell # - - Pager # - -

Signature: _____

Second Director:

Last Name

Given Name Mid Init. SIN# - -

Address

City Province PostalCode -

Home # - - Bus. # - -

Cell # - - Pager # - -

Signature: _____