

Incorporation Extra *Director* / Ontario Business Name Registration Extra *Registrant* Information Order Form

Note: Only 1) Incorporation (Federal/Ontario) which has more than three directors OR
 2) Partnership Registration which has more than one registrant **NEED THIS PAGE.**

Name and Address for Service of Extra Director or Registrant

SECOND	First Name: _____	Middle Initial: _____	Last Name: _____
	<input type="checkbox"/> Same as business address	Suite: _____	Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code: _____	City: _____ Province: <input type="checkbox"/> ONTARIO

THIRD	First Name: _____	Middle Initial: _____	Last Name: _____
	<input type="checkbox"/> Same as business address	Suite: _____	Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code: _____	City: _____ Province: <input type="checkbox"/> ONTARIO

FOURTH	First Name: _____	Middle Initial: _____	Last Name: _____
	<input type="checkbox"/> Same as business address	Suite: _____	Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code: _____	City: _____ Province: <input type="checkbox"/> ONTARIO

FIFTH	First Name: _____	Middle Initial: _____	Last Name: _____
	<input type="checkbox"/> Same as business address	Suite: _____	Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code: _____	City: _____ Province: <input type="checkbox"/> ONTARIO

SIXTH	First Name: _____	Middle Initial: _____	Last Name: _____
	<input type="checkbox"/> Same as business address	Suite: _____	Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code: _____	City: _____ Province: <input type="checkbox"/> ONTARIO

SEVENTH	First Name: _____	Middle Initial: _____	Last Name: _____
	<input type="checkbox"/> Same as business address	Suite: _____	Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code: _____	City: _____ Province: <input type="checkbox"/> ONTARIO

EIGHTH	First Name: _____	Middle Initial: _____	Last Name: _____
	<input type="checkbox"/> Same as business address	Suite: _____	Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code: _____	City: _____ Province: <input type="checkbox"/> ONTARIO