

## **Re: Ontario Not-for-Profit Corporation Amendment**

Dear Madam/Sir:

We have included a signature page of the amendment form. Please make two good photocopies of the form, since we need submit the application in duplicate.

You need two corporate officers to sign the forms, and please print the officer's title clearly;

You also need to place a corporate seal on the form as indicated.

The Government fee for non-profit corporation amendment is \$130.00. Our service fee for non-profit amendment is \$195.00 plus HST.

Please mail/courier backs the above forms along with the followings:

- Signed amendment form in duplicate;
- A photocopy of the first page of your non-profit incorporation articles / Letter of Patterns;
- A certified cheque or money order payable to Best Ontario Inc. for \$195.00 plus HST;
- A cheque (with your name and address printed by your bank) payable to Minister of Finance for \$130.00;
- Your mailing address, phone number and fax number.

Should you have any questions please give us a call.

Thank you very much.

Sincerely,

Sandra Chen / Susan Ding



## Corporation Amendment Information

Contact Name: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Date: \_\_\_\_\_

1. Corporation's Present Name \_\_\_\_\_

2. Corporation Number \_\_\_\_\_  Ontario Corporation  Federal Corporation

3. The Corporation's Name will be Changed to \_\_\_\_\_

### 4. Address of the Registered Business Office

Suite/Apt./Unit: \_\_\_\_\_ Street No. & Name: \_\_\_\_\_

City: \_\_\_\_\_ Province:  ONTARIO Postal Code: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

### 5. Directors' Name and Directors' Address for Service

FIRST	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
	Elected Date: _____ Resigned Date: _____ <input type="checkbox"/> President/ <input type="checkbox"/> Secretary/ <input type="checkbox"/> Treasurer/ <input type="checkbox"/> GM

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
	Elected Date: _____ Resigned Date: _____ <input type="checkbox"/> President/ <input type="checkbox"/> Secretary/ <input type="checkbox"/> Treasurer/ <input type="checkbox"/> GM

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
	Elected Date: _____ Resigned Date: _____ <input type="checkbox"/> President/ <input type="checkbox"/> Secretary/ <input type="checkbox"/> Treasurer/ <input type="checkbox"/> GM

Note: If you have more directors, please write on another copy of this request form or provide the same info on a separate piece of paper.

### 6. Extra Information

➤ Authorizing person Signature: **X** \_\_\_\_\_ Authorizing person Name: \_\_\_\_\_

➤ E-mail Back?  YES E-mail address: \_\_\_\_\_

➤ Fax Back?  YES Fax number: \_\_\_\_\_ Attention: \_\_\_\_\_

This application is executed in duplicate  
*La présente requête est faite en double exemplaire.*

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Current Name of Corporation  
*Dénomination sociale actuelle de la personne morale*

By  
*Par :*

---

Signature  
*Signature*

---

Description of Office  
*Fonction*

---

Signature  
*Signature*

---

Description of Office  
*Fonction*

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Current Name of Corporation  
*Dénomination sociale actuelle de la personne morale*

By  
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Signature  
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*Signature*

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