

INFORMATION AND DOCUMENTATION REQUIRED BY YOUR LAWYER TO COMPLETE INCORPORATION, APPLICATION FOR CERTIFICATE OF AUTHORIZATION AND TRANSFER OF PRACTICE

STEP 1 – INCORPORATION AND ORGANIZATION OF THE PROFESSIONAL CORPORATION

1. Proposed name for corporation (*must include "Professional Corporation" and for certain of the professions include the type of profession (for physicians include "medicine" and for dentists include "dentistry") and include the **surname** of one or more professional shareholders – may also include shareholder's given name, initials or combination of both*) please provide 1st, 2nd and 3rd choice:

1) _____

2) _____

3) _____

2. Full name and residence address of each professional director/shareholder:

3. Number of additional classes of non-voting shares to be provided for issuance to family members now and in the future (*i.e. if you are planning on marrying or having children and would like the option to issue shares to family members*) – you should discuss this with your accounting advisor:

4. Address for registered office of company (*your choice of residence or practice address – this information will be available through a search of the ministry records, as well as potentially by the regulating body*):

5. Address, phone number, fax number and email for premises where the corporation will carry on the practice (*this information may be made public through the regulating body*)

SPOUSAL INFORMATION

1. If you intend to add a spouse as a non-voting shareholder:
- (a) Will your spouse be employed by the Corporation? yes no
 - (b) Do you have a marriage or cohabitation agreement? yes no If yes, please provide us with a copy.
 - (c) Are you legally married? yes no
 - (d) If you are not legally married, are you living in a conjugal relationship? yes no

ADDITIONAL FAMILY MEMBER INFORMATION (CHILDREN/PARENTS)

2. Full name, relationship to the professional and residence address of each non-voting family member shareholder (please provide date of birth for each shareholder under the age of 18):

STEP 2 – APPLICATION TO THE PROFESSIONAL REGULATING BODY FOR CERTIFICATE OF AUTHORIZATION FOR THE CORPORATION

3. Regulating body registration number for each professional shareholder (*each holder of voting shares must be a registrant with the Governing Body– all other shareholders must be a family member of the professional who must hold all voting shares*):

4. Name and location (branch) of banking institution to be used by professional corporation:

5. Name, address and phone number for accountant/accounting firm to be used by professional corporation:

6. Names of proposed officers for professional corporation, i.e. President, Secretary/Treasurer, etc. (*normally the professional would act as both President and Secretary/Treasurer, officers must be registered members of the Governing Body*):

7. Proposed fiscal year end for the professional corporation (*requires consultation with accountants for appropriate timing*):

8. Brief description of the nature of the practice to be carried out by the corporation:

9. Business name(s) under which the Corporation practices and that is different from the corporate name:

STEP 3 – TRANSFER OF ASSETS OF PRACTICE FROM PROFESSIONAL TO THE PROFESSIONAL CORPORATION (INPUT FROM ACCOUNTANT WILL BE REQUIRED)

1. Detailed listing of (*if applicable*):

(a) assets to be transferred

(b) liabilities to be assumed

2. Details of employment arrangements between professional(s) and Professional Corporation including salary (date when salary will commence) and vacation time (*input from accountants required for employment agreements*):

3. Are premises owned or leased? If leased, copy or details of lease for premises from which practice is operated (*if applicable*) (*consent to the assignment of the lease will usually be required from Landlord*). If arrangements with a hospital, provide copy of the agreement with hospital.

4. Copy or details of leases for equipment (computers, phones etc.) utilized in the practice and being transferred to the corporation (*if applicable*) (*consent to the assignment of leases will usually be required*)

5. Details of any x-ray equipment utilized in the practice and being transferred to the corporation (*form to be completed and filed with the Ministry of Health and Long Term Care*) – please provide copy of current HARP filing

CONTACT INFORMATION

Name and address of practice: _____

Business phone: _____

Business Fax: _____

Home Phone: _____

Email: _____

Additional Miscellaneous Information: _____

"Governing Body" means:

1. in the case of a physician, the College of Physicians and Surgeons of Ontario
 2. in the case of a dentist, the Royal College of Dental Surgeons of Ontario
 3. in the case of an accountant, the Institute of Chartered Accountants of Ontario
 4. in the case of a lawyer, the Law Society of Upper Canada
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Please return the completed form to Siskinds:

- (a) by fax at (519) 672-6065, attention: Anne Bunker, Corporate Law Clerk; or
- (b) by email to anne.bunker@siskinds.com.