

**ORDINARY AMALGAMATION AND ORGANIZATIONAL
 PROCEEDINGS OF A CORPORATION**

GENERAL INFORMATION		
Client No.:	File No.:	Person in charge:
<small>(Complete if client number is not mentioned)</small>		
Name of Firm:		
Address:		
Phone:	Email:	

1ST AMALGAMATING COMPANY			
Corporate Name:			
Quebec QBCA	Federal CBCA	Quebec Enterprise No. (NEQ):	Corporation No. (Federal):
Restrictions : Unanimous Agreement		Articles	Shareholders' Approval
			Shareholders' Decision
Head Office Address:			
Director(s)	Shareholders	Office	
<small>Individual authorized to sign articles of amalgamation, amalgamation agreement and statutory declaration:</small>			

ALLOTMENT OF SHARES PRIOR TO AMALGAMATION					
Name of Shareholder	Shares		Share Capital		Certificate No.
	Number	Designation	Issued	Paid	

2ND AMALGAMATING COMPANY

Corporate Name:

Quebec QBCA Federal CBCA Quebec Enterprise No. (NEQ): Corporation No. (Federal):

Restrictions : Unanimous Agreement Articles Shareholders' Approval Shareholders' Decision

Head Office Address:

Director(s)	Shareholders	Office

Individual authorized to sign articles of amalgamation, amalgamation agreement and statutory declaration:

ALLOTMENT OF SHARES PRIOR TO AMALGAMATION

Name of Shareholder	Shares		Share Capital		Certificate No.
	Number	Designation	Issued	Paid	

3RD AMALGAMATING COMPANY

Corporate Name:

Quebec QBCA Federal CBCA Quebec Enterprise No. (NEQ): Corporation No. (Federal):

Restrictions : Unanimous Agreement Articles Shareholders' Approval Shareholders' Decision

Head Office Address:

Director(s)	Shareholders	Office

Individual authorized to sign articles of amalgamation, amalgamation agreement and statutory declaration:

ALLOTMENT OF SHARES PRIOR TO AMALGAMATION

Name of Shareholder	Shares		Share Capital		Certificate No.
	Number	Designation	Issued	Paid	

ARTICLES OF AMALGAMATION

Act of Incorporation: Quebec QBCA Federal CBCA **Articles:** French English
Specific date of amalgamation? Yes No If yes, please specify: **Service:** Priority Regular
Corporate Name: Designating number French English Bilingual
Name:
Consent (CBCA): Yes No **Name search and reservation:** To do Report attached
Documents to file with search report: Striking Off Dissolution Amending Declaration
Head Office Address:
Judicial District (QBCA):
Share Capital: 1 3 4 7 9 Personalized Of client
Schedules B-C: Standard
Signature of the articles: By Marque d'Or By client Other:

CONVERSION OF SHARES

ALLOTMENT OF SHARES AFTER AMALGAMATION

Name of Shareholder	Shares		Share Capital		Certificate No.
	Number	Designation	Issued	Paid	

DIRECTORS, OFFICERS AND SHAREHOLDERS

Number of directors: Minimum Maximum

1. First Name/Last Name: _____ Entity: _____
 Entity Name: _____
 Address: _____
Director Officer Shareholder
If director at federal level: Canadian Resident If other, state citizenship: _____
If Notax™ Service: Social Insurance Number: _____ Phone: _____
Office Duty: President Vice-President Secretary Treasurer Other: _____
If shareholder: Number: _____ Designation : _____ Price/Share: _____
If shareholder is not an individual
 QBCA Corporation CBCA Corporation Trust Association
 Name of Representative: _____

2. First Name/Last Name: _____ Entity: _____

Entity Name: _____

Address: _____

Director Officer Shareholder

If director at federal level: Canadian Resident If other, state citizenship: _____

If Notax™ Service: Social Insurance Number: _____ Phone _____

Office Duty: President Vice-President Secretary Treasurer Other: _____

If shareholder: Number: _____ Designation : _____ Price/Share: _____

If shareholder is not an individual

QBCA Corporation CBCA Corporation Trust Association

Name of Representative: _____

3. First Name/Last Name: _____ Entity: _____

Entity Name: _____

Address: _____

Director Officer Shareholder

If director at federal level: Canadian Resident If other, state citizenship: _____

If Notax™ Service: Social Insurance Number: _____ Phone _____

Office Duty: President Vice-President Secretary Treasurer Other: _____

If shareholder: Number: _____ Designation : _____ Price/Share: _____

If shareholder is not an individual

QBCA Corporation CBCA Corporation Trust Association

Name of Representative: _____

4. First Name/Last Name: _____ Entity: _____

Entity Name: _____

Address: _____

Director Officer Shareholder

If director at federal level: Canadian Resident If other, state citizenship: _____

If Notax™ Service: Social Insurance Number: _____ Phone _____

Office Duty: President Vice-President Secretary Treasurer Other: _____

If shareholder: Number: _____ Designation : _____ Price/Share: _____

If shareholder is not an individual

QBCA Corporation CBCA Corporation Trust Association

Name of Representative: _____

ORGANIZATIONAL PROCEEDINGS

Date of OP: Amalgamation: Yes Other: **By-Laws:** Combined Multi Solo

Type of book: Lexcase Regis™

If Lexcase: Black Red Blue Green **If Regis™:** 8 ½" 9 ¼"

Seal: Desk Pocket Markmaker™
Corporate name engraved on seal Other:

Footnote: Jurist Firm No name

Financial Institution or Bank:

Name : CIBC LB BMO NBC SB RB TDB CP

Address:

Individuals authorized to sign cheques:

Individuals authorized to make banking transactions:

Chartered Professional Accountant (CPA)

Address

CPA in charge:

Phone:

Mission : Verification Examination Report Notice To Reader Public accountant with mission to be determined

Financial Year End:

DECLARATION : Initial Registration (If CBCA) Number of Employees:

Name the two main areas of business:

1st :

2nd :

* **Tobacco retail sale?** Yes No * **Artificial Tanning Sunbeds/Indoor Tanning?** Yes No

Correspondence

Address:

Places of business in Quebec other than head office Identical activities Other:

Address:

* **Tobacco retail sale?** Yes No * **Artificial Tanning Sunbeds/Indoor Tanning?** Yes No

Signing Officer Marque d'Or Client Other:

Adoption of an assumed name:

French Version:

English Version:

NOTAX™ 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 company or 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

Sell alcoholic beverages for consumption on the premises

Have a brewer's license

Conduct logging operations

Is it subject to *An Act respecting municipal taxation*

**P.S.: PLEASE DO NOT FORGET
THE SOCIAL INSURANCE NUMBER
AND THE POWER OF ATTORNEY
TO TRANSMIT**

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.:

PROXY

The business below, hereby authorizes Dye & Durham – Marque d'or and more precisely its employee :

- a) to take the necessary actions with the representatives of the Québec Ministry of Revenue in order to obtain the following registration numbers : GST, QST, deductions at source, corporate income tax and/or Business Number («tax numbers»); and
- b) sign and file the application to register for tax numbers.

Furthermore, we allow Revenu Québec and the Canada Revenue Agency to divulge the tax numbers to the employee of Dye & Durham – Marque d'or and to provide to him or her any other relevant information for that purpose and in particular changes or any additional information requested.

Finally, the business below certifies that the information it had provided is accurate, complete, truthful and that no relevant information is omitted.

Mandate given to Dye & Durham – Marque d'or, this _____ day of _____ the year _____

Name of business

*Authorized representative of the business
(Name in print form)*

Signature of the authorized representative

President Vice-president Secretary
Treasurer Partner in a partnership (CcQ)
Individual in a sole proprietorship

N.B. : *This proxy must be signed by at least one officer, partner or individual named in the application. In the case of a corporation, the proxy must be signed by the president, the vice-president, secretary or treasurer. In the case of a partnership, the proxy must be signed by one of the partners and in the case of an individual, the proxy must be signed by the latter.*

Fax

To: Dye & Durham – Marque d'or

CHECK IF PRIORITY SERVICE

C/O: Notax Department

Fax number: 514 393-4060

From: _____

Our phone number: _____

Our client number: _____

Our file number: _____

Subject: Request to register for tax numbers

Good day,

Please find attached our application to obtain the tax numbers. If you need additional information, please contact us.

Yours truly

Name