



CORPORATE QUESTIONNAIRE

****NOTE: Please do your best to complete all required fields below. If you require additional space for any portion of the form, please use the space provided at the end. If you are uncertain of the answers to any of the fields below, please leave blank and email the form as is to cmacrae@entrustlaw.ca. A member of the Entrust team will be in touch to discuss the matter with you further. Thank you****

Client Contact

PART 1 – CLIENT INFORMATION			
Please choose the type of corporate matter and complete the requisite section:			
<input type="checkbox"/> Incorporation	<input type="checkbox"/> Purchase/Sale of a Business		
<input type="checkbox"/> Maintenance for Existing Company	<input type="checkbox"/> Commercial Financing		
<input type="checkbox"/> Registration of a Business Name	<input type="checkbox"/> Other		
Full Legal Name:			
Address:			
Telephone:	Home	Business	Mobile
Can we leave messages:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Preferred Number:
Preferred E-mail:			
How were you referred to our office?			
PART 2: TRANSACTION INFORMATION			
INCORPORATION			
Type of business:			
Do you want to incorporate a numbered company or use a name?			
Have you reserved a name for the company already?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is this an existing business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Address of the business:			

Have you discussed this with an accountant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any additional information?	
MAINTENANCE FOR EXISTING COMPANY	
Type of business:	
Name of Company:	
Has a minute book been created for your Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a lawyer currently maintaining your minute book?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any additional information?	
REGISTRATION OF A BUSINESS NAME	
Type of Business	
Address of the Business	
Is this an existing business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name you are looking to register	
Have you reserved a name already?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any additional information?	
PURCHASE/SALE OF A BUSINESS	
Are you buying or selling a business?	<input type="checkbox"/> Buying <input type="checkbox"/> Selling
Name of Business	
Type of Business	
Name of Purchaser	

Name of Seller	
Proposed Closing Date	
Purchase of Assets or Shares?	<input type="checkbox"/> Assets <input type="checkbox"/> Shares
Has a contract been prepared?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any additional information?	
COMMERCIAL FINANCING	
Name of the Company	
What is the funding date?	
Do you have a mortgage or line of credit registered against your company already?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any additional payments required for funding? (for example, credit cards or other loans)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a lawyer currently maintaining your minute book?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any additional information?	
OTHER	
Name of Business or Company:	
Provide a brief explanation of what you need assistance with.	

Space for Additional Information