



CORPORATE SHAREHOLDER INFORMATION FORM

This form must be completed by all Officers / Directors of the Corporation.
 Each Corporate Shareholder must complete a separate Corporate Shareholder Information Form.

1 Name of Registrant

Legal Name	Trade Name
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2 Name & Address of Corporate Shareholder

Name of Corporate Shareholder			
Business Address (if RR – Lot, Concession No. & Township)	City	Province	Postal Code
	Phone ()	Fax ()	
Toll free	e-mail	Web site	

3 Shareholders Information

Note: If the shareholder is a corporation, a separate Corporate Shareholder Information Form must be filled.

Name of shareholder(s)	Employer	Occupation/Position	No. of shares held	No. of voting shares held

Total number of voting shares issued to date

Enter total number of equity (voting) shares beneficially owned directly or indirectly, by non-residents of Canada or over which non-residents of Canada exercise control or direction.

3a. Is the corporation entitled to offer its shares to the public? Yes No

3b. Are any of the above shares held for a beneficial shareholder? Yes No
 If yes, attach full particulars.

4 Corporate Shareholder – Officers / Directors**01**

Social Insurance Number		First Name		Middle	Last	
Home address				Position held in company (officer, director, shareholder, manager)		
City	Province	Postal Code 	Phone ()	Birth date MM DD Y YYYY / /		Sex F M
Employment History (Go back 3 years)				From	To	
Name / Address of Employers		Occupation/Position/ Type of work		mm/dd/yyyy	mm/dd/yyyy	

02

Social Insurance Number		First Name		Middle	Last	
Home address				Position held in company (officer, director, shareholder, manager)		
City	Province	Postal Code 	Phone ()	Birth date MM DD Y YYYY / /		Sex F M
Employment History (Go back 3 years)				From	To	
Name / Address of Employers		Occupation/Position/ Type of work		mm/dd/yyyy	mm/dd/yyyy	

03

Social Insurance Number		First Name		Middle	Last	
Home address				Position held in company (officer, director, shareholder, manager)		
City	Province	Postal Code 	Phone ()	Birth date MM DD Y YYYY / /		Sex F M
Employment History (Go back 3 years)				From	To	
Name / Address of Employers		Occupation/Position/ Type of work		mm/dd/yyyy	mm/dd/yyyy	

Copies allowed. Attach additional sheet if space insufficient.

For Officers/Directors,

(Questions 5 through 12 completed for each person)

5. **Is the applicant a Canadian resident?** Yes No
Canadian Resident Status: (Provide proof of citizenship or immigration documents)
 Canadian Citizen: Yes No Landed Immigrant: Yes No Other: Yes No
6. **Has the “applicant” ever had a registration of any kind refused, suspended, revoked or voluntarily terminated? If yes, attach particulars.** Yes No
7. **Is the applicant engaged, occupied, employed or associated directly or indirectly in any other business occupation or profession? If yes, attach particulars.** Yes No
8. **Is the applicant now or has the applicant been involved in bankruptcy proceeding? If yes, attach assignment or discharge papers.** Yes No
9. **Has the applicant ever been or is he/she now, an officer, director or majority shareholder of a corporation which has been declared bankrupt or is presently a party to bankruptcy proceedings?**
 Notes: 1. Where an applicant is an undischarged bankrupt, submit a copy of the assignment in bankruptcy and a list of creditors.
 2. Where an applicant is a discharged bankrupt, submit proof of discharge.
 3. For corporation bankruptcies, submit any related documents. Yes No
10. **Are there any unpaid judgements outstanding against the applicant? If yes, submit a copy of each judgement. State amount outstanding and repayment arrangements.** Yes No
11. **Has the applicant ever been found guilty or convicted of an offence under any law or are any charges now pending? This includes where a conditional discharge or an absolute discharge has been ordered. If yes, attach full particulars on a separate signed and dated statement. Note: Where the applicant has been previously registered, list only those convictions, conditional discharges, absolute discharges or charges which have not been previously disclosed.** Yes No
12. **Has the applicant ever been associated with a registrant that has failed and has had claims against the Fund?** Yes No

Notice and Consent

In order to complete or verify the information provided on this form, it may be necessary for the Travel Industry Council of Ontario to collect additional information from, or to exchange information with, government and non-government sources. Only information relevant to your registration will be collected.

I consent to the collection of this information as authorized under the *Travel Industry Act, 2002*. I understand that this information will be used to determine whether I am qualified for the registration for which I am applying. I further consent to the sharing of any information gathered in the course of processing this application with others as may be considered necessary in the course of determining whether I am qualified for registration. The registration record, which includes the registrant’s name, registration number, employer’s name, business address and registration dates are part of the public record. I confirm that I am legally entitled to work in Canada.

13 This must be signed by all Officers and Directors.

Signature of applicants		
Print full names		
Warning – it is an offence to knowingly provide false information on this application.		Dated