

## Corporate Shareholder Information Form

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	Cell	Toll free		
e-mail		Website		

### 3. Shareholder's 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.				

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

3 b. Are any of the above shares held for a beneficial shareholder? Yes  No

**If yes, attach full particulars**

#### 4. Particulars for Shareholders, Officers and Directors

##### 01

Social Insurance Number	First Name	Middle Name	Last Name		
Home address			Position held in company (Officer, Director, Shareholder, Manager)		
City	Province	Postal Code	Phone	Birth date (MM/DD/YYYY)	Sex
e-mail			Cell Phone		
<b>Employment History (go back three years)</b>					
Name/Address of Employers			Occupation/Position/Type of work	From	To
				MM/DD/YYYY	MM/DD/YYYY

##### 02

Social Insurance Number	First Name	Middle Name	Last Name		
Home address			Position held in company (Officer, Director, Shareholder, Manager)		
City	Province	Postal Code	Phone	Birth date (MM/DD/YYYY)	Sex
e-mail			Cell Phone		
<b>Employment History (go back three years)</b>					
Name/Address of Employers			Occupation/Position/Type of work	From	To
				MM/DD/YYYY	MM/DD/YYYY

##### 03

Social Insurance Number	First Name	Middle Name	Last Name		
Home address			Position held in company (Officer, Director, Shareholder, Manager)		
City	Province	Postal Code	Phone	Birth date (MM/DD/YYYY)	Sex
e-mail			Cell Phone		
<b>Employment History (go back three years)</b>					
Name/Address of Employers			Occupation/Position/Type of work	From	To
				MM/DD/YYYY	MM/DD/YYYY

## For Shareholders, Officers and Directors

Questions 5 through 13 MUST be completed for EACH PERSON - for additional forms available – click here

Name:

5. Is the applicant a Canadian resident? Yes  No

Status: (Provide proof of citizenship or immigration documents)

Canadian Citizen: Yes  No  Landed Immigrant: Yes  No  Work permit: Yes  No

Other:

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 insolvent or involved in Bankruptcy, Consumer Proposal or Proposal Proceedings under the [Bankruptcy and Insolvency Act](#)? If yes, attach discharge papers, assignment or any other related documents. 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 or Proposal Proceedings under the Bankruptcy and Insolvency Act? Yes No

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.

10. Are there any unpaid judgements outstanding against the applicant? If yes, submit a copy of each judgement. State the 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 including **CPIC (Canadian Police Information Centre) and credit checks**. Only information relevant to your registration will be collected. The information so collected will be kept confidential pursuant to Section 35 of *Travel Industry Act, 2002*.

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 is part of the public record. I confirm that I am legally entitled to work in Canada.

**13. Note: This must be signed by all Officers & Directors of the Corporate Shareholder.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Print full name

\_\_\_\_\_  
Print full name

\_\_\_\_\_  
Print full name

\_\_\_\_\_  
Date (MM/DD/YYYY)

**WARNING: It is an offence to knowingly provide false information on this application.**