

Information	Please type or print.	
Name of corporation:	_____	
Incorporation date:	_____	
	<i>(year / month / day)</i>	
Where incorporated:	_____	
	<i>(act governing incorporation)</i>	<i>(jurisdiction)</i>
Head Office address:	_____	
	<i>(civic number and street)</i>	<i>(apt / suite / unit)</i>
	_____	_____
	<i>(town or municipality)</i>	<i>(province or state)</i>
	_____	_____
	<i>(country)</i>	<i>(postal code)</i>
Business location in Nova Scotia:	_____	
	<i>(civic number and street)</i>	<i>(apt / suite / unit)</i>
	_____	_____
	<i>(town or municipality)</i>	NS <i>(province)</i>
		<i>(postal code)</i>
Mailing Address (if different from above):	_____	
	<i>(number and street, PO box, etc.)</i>	<i>(apt / suite / unit)</i>
	_____	_____
	<i>(town or municipality)</i>	<i>(province or state)</i>
	_____	_____
	<i>(country)</i>	<i>(postal code)</i>
Attention:	_____	
	<i>(first name and middle initial)</i>	<i>(last name)</i>
Clearly describe your business activities:	_____	
This corporation has been engaged in business in Nova Scotia since:	_____	
	<i>(year / month / day)</i>	
<p><i>The information in this box will not be made available to the public.</i></p> <p>Do you already have a Business Number (HST/GST number or payroll number) from the Canada Customs and Revenue Agency (CCRA)? <input type="checkbox"/> If yes, check box</p> <p>If you know what the number is, enter it here: _____</p> <p style="text-align: center;"><i>(CCRA number)</i></p> <p>Please provide contact information where you can be reached during business hours: _____</p> <p style="text-align: center;"><i>(telephone number)</i></p> <p>_____</p> <p style="text-align: center;"><i>(fax number)</i> <i>(E-mail address)</i></p>		

Statutory Declaration

I claim that the information on this form is true and authorize any of the government departments and agencies using the Nova Scotia Business Registry system to access and use the information on this form for program purposes.

This document has been
 SWORN TO at:

(town or municipality)

*(please print name of person signing for the corporation *)*

in the Province of:

(signature)

on this date:

(year / month / day)

*(position held in the corporation *)*

Before me,

(name -- please print or provide stamp)

(name of corporation)

(signature)

(notary public, commissioner of oaths, barrister)

(affix seal of office)

* Only a Director or an Officer can sign for a corporation. If an Officer, state the position (for example, Treasurer); if not, put Director.

For office use only

Registry #:

Date filed: