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CORPORATE INFORMATION FORM

_____ **Phone:** _____
Legal Name of Corporation: _____

_____ **Fax:** _____
Trade Name of Corporation: (if other than above) _____ **Email:** _____

_____ **Physical Address:**(including Postal Code) _____ **Mailing Address:**(including Postal Code) _____

Date of Incorporation: (____ / ____ / ____) _____ **Province in which company is incorporated:** _____
DD MM YY

Location of Company Books and Records: _____

Business Identification Number: _____ **N.B. WHSCC Number:** _____ **H.S.T. Number:** _____

Directors:
Name: _____ **Address:** _____ **Phone:** _____ **Fax:** _____ **Email:** _____

Shareholders:
Name: _____ **Address:** _____ **Phone:** _____ **Fax:** _____ **Email:** _____

Company Solicitor: (If applicable) _____ **Company Accountant:** (if applicable) _____
Name: _____ **Name:** _____
Address: _____ **Address:** _____
Phone: _____ **Phone:** _____
Fax: _____ **Fax:** _____
Email: _____ **Email:** _____

Tax Information:
DATE OF CORPORATE YEAR END: (____ / ____ / ____) **DATE OF LAST FINANCIAL STATEMENT:** (_____)
Tax Returns are filed Up to Date: Yes No (If No, the last tax year filed?) _____
HST Returns are Filed Up to Date: Yes No (If No, the last HST period filed?) _____
Pay roll Remittances Filed Up to Date: Yes No (If No, the last pay period filed?) _____

Insurance
Company: _____ **Agent:** _____
Type of Coverage: _____ **Expiry Date:** (____ / ____ / ____)

