

Ownership

Requirement in law: Corporations Returns Act

Fiscal year-end date

Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>

Si vous préférez ce questionnaire en français, veuillez nous téléphoner au 1-866-825-5975.

Correct pre-printed information, if necessary.

Change to corporate name / address:

Please provide a copy of the certificate of the name change or the amalgamation.

Corporate name

Street name and number

City <input type="text"/>	Province/Territory/State <input type="text"/>
Country <input type="text"/>	Postal code/Zip code <input type="text"/>

Change to mailing address:

c/o (example: Legal department)

Street name and number

City <input type="text"/>	Province/Territory/State <input type="text"/>
Country <input type="text"/>	Postal code/Zip code <input type="text"/>

Please read before completing

Purpose

This survey collects detailed information on foreign ownership and control in the Canadian economy, which is reported to Parliament. The data will be used to track and analyze the level of foreign control in Canada and to make policy decisions affecting the level of foreign control in selected industries.

Use of data

Information reported on this return will be used to partially meet the data requirements of the *Corporations Returns Act* administration and of the Balance of Payments Division of Statistics Canada.

Authority

This information is collected under the authority of the *Corporations Returns Act*. Completion of this questionnaire is a legal requirement under this *Act*. Penalties for failing to file a return are outlined in Section 9 of the *Act*.

Notice

As stated in Section 16 of the *Corporations Returns Act*, C-43, the information contained in the *Schedule II – Ownership* questionnaire is not confidential. The data is available quarterly on the *Inter-Corporate Ownership* compact disc.

Who should report?

Every individual corporation that is part of a group of commonly controlled corporations with combined assets exceeding 10 million dollars or combined revenue exceeding 15 million dollars is liable to file under the *Act*. In addition, individual corporations with debt obligations or equity owing to non-residents exceeding a net book value of \$200,000 are liable to file.

Return of questionnaire

Please mail the completed questionnaire in the enclosed envelope to Statistics Canada within 90 days of the corporation's fiscal year end.

Lost the return envelope or need help?

Call us toll free at 1-866-825-5975 (in Canada) or 613-951-9858 or mail to:

Statistics Canada
Industrial Organization and Finance Division
170 Tunney's Pasture Driveway, Ottawa, Ontario K1A 0T6
E-mail: corpreturnsact@statcan.gc.ca
Fax: 1-888-858-8976 (in Canada) or 613-951-0318

1. Nature of business

Please describe the nature of your primary business activity.

2. Corporation

a) Date of incorporation

Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>

b) Act of incorporation (please check ✓)

Federal

Provincial (please specify)

Outside Canada (please specify)

c) Manner of incorporation (please check ✓)

Articles of incorporation

Other (please specify)

d) Type of corporation (please check ✓)

Canadian-controlled private corporation (CCPC)

Other private corporation

Public corporation

Corporation controlled by a public corporation

Other corporation (please specify)

e) Is this corporation foreign-controlled (please check ✓)

No

Yes → If yes, in which country?

3. Corporation directors/officers at end of reporting period:

In column 4, please list main position held by all directors and officers of the corporation using the letter code below.

- | | | | |
|-----------------------------|------------------------|------------------------|--|
| a) Chairman of the board | d) Vice-president | g) Secretary treasurer | j) Comptroller |
| b) President | e) Treasurer | h) Secretary | k) Auditor |
| c) Executive vice-president | f) Assistant treasurer | i) Assistant secretary | l) Other (please specify) <input type="text"/> |

(1)		(2)		(3)		(4)	(5)
Surname / First name		Principal place of residence		Director (Indicate Yes/No)		Enter appropriate letter code to describe main position held (see above)	Citizenship
				Yes	No		
Surname <input type="text"/>	City <input type="text"/>	Province/Territory/State <input type="text"/>	Postal Code/Zip Code <input type="text"/>	Country <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
First name <input type="text"/>							
Surname <input type="text"/>	City <input type="text"/>	Province/Territory/State <input type="text"/>	Postal Code/Zip Code <input type="text"/>	Country <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
First name <input type="text"/>							
Surname <input type="text"/>	City <input type="text"/>	Province/Territory/State <input type="text"/>	Postal Code/Zip Code <input type="text"/>	Country <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
First name <input type="text"/>							
Surname <input type="text"/>	City <input type="text"/>	Province/Territory/State <input type="text"/>	Postal Code/Zip Code <input type="text"/>	Country <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
First name <input type="text"/>							
Surname <input type="text"/>	City <input type="text"/>	Province/Territory/State <input type="text"/>	Postal Code/Zip Code <input type="text"/>	Country <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
First name <input type="text"/>							
Surname <input type="text"/>	City <input type="text"/>	Province/Territory/State <input type="text"/>	Postal Code/Zip Code <input type="text"/>	Country <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
First name <input type="text"/>							
Surname <input type="text"/>	City <input type="text"/>	Province/Territory/State <input type="text"/>	Postal Code/Zip Code <input type="text"/>	Country <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
First name <input type="text"/>							
Surname <input type="text"/>	City <input type="text"/>	Province/Territory/State <input type="text"/>	Postal Code/Zip Code <input type="text"/>	Country <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
First name <input type="text"/>							

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- | | | | |
|-----------------------------|------------------------|------------------------|--|
| a) Chairman of the board | d) Vice-president | g) Secretary treasurer | j) Comptroller |
| b) President | e) Treasurer | h) Secretary | k) Auditor |
| c) Executive vice-president | f) Assistant treasurer | i) Assistant secretary | l) Other (please specify) <input type="text"/> |



(1)		(2)		(3)		(4)	(5)	
Surname / First name		Principal place of residence		Director (Indicate Yes/No)		Enter appropriate letter code to describe main position held (see above)	Citizenship	
				Yes	No			
Surname <input type="text"/>	City <input type="text"/>	Province/Territory/State <input type="text"/>	Postal Code/Zip Code <input type="text"/>	Country <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
First name <input type="text"/>								
Surname <input type="text"/>	City <input type="text"/>	Province/Territory/State <input type="text"/>	Postal Code/Zip Code <input type="text"/>	Country <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
First name <input type="text"/>								
Surname <input type="text"/>	City <input type="text"/>	Province/Territory/State <input type="text"/>	Postal Code/Zip Code <input type="text"/>	Country <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
First name <input type="text"/>								
Surname <input type="text"/>	City <input type="text"/>	Province/Territory/State <input type="text"/>	Postal Code/Zip Code <input type="text"/>	Country <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
First name <input type="text"/>								
Surname <input type="text"/>	City <input type="text"/>	Province/Territory/State <input type="text"/>	Postal Code/Zip Code <input type="text"/>	Country <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
First name <input type="text"/>								
Surname <input type="text"/>	City <input type="text"/>	Province/Territory/State <input type="text"/>	Postal Code/Zip Code <input type="text"/>	Country <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
First name <input type="text"/>								
Surname <input type="text"/>	City <input type="text"/>	Province/Territory/State <input type="text"/>	Postal Code/Zip Code <input type="text"/>	Country <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
First name <input type="text"/>								
Surname <input type="text"/>	City <input type="text"/>	Province/Territory/State <input type="text"/>	Postal Code/Zip Code <input type="text"/>	Country <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
First name <input type="text"/>								

4. Share capital of reporting corporation:

Number of classes of shares			Classes of shares
(a) Description of each class authorized. Describe fully any options or other contracts attached to each class. <i>Examples: common shares, preferred shares, etc.</i>			
(b) Number of shares authorized			
(c) Amount of authorized share capital (<i>in dollars</i>)			
(d) Number of votes per share			
(e) Number of shares offered for public subscription in last 5 years			
(f) Number of shares owned or held in:			
Canada			
United States			
United Kingdom			
Other Countries (<i>please specify</i>)			
(g) Number of shares with no address of record			
(h) Total sum of shares for each class (sum of (f) + (g))			

5.1 For each corporation director and officer listed in Question 3, please report the number of shares owned by them:

#	Name	Number of shares
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

5.2 In Question 5.1 above, is any individual part of a related group?

(A **related group** is composed of individuals related by blood relationship, legal adoption, marriage and common-law partnership.)

- No
- Yes → please identify each individual

6.1 Ownership of share capital of the reporting corporation

Classes of shares

(a) Identify each class authorized as described in Question 4(a):

(b) For those shares not accounted for in Question 5.1, specify the corporations, individuals or related groups owning or holding 10% or more of the total issued shares of each class:

Number of corporations/individuals/related groups:

Please report the name and address of each **corporation** or **individual**. For each **related group**, please report the name and address of each member, and report them in Question 6.2. If the address of the corporation or individual reported on line (i) below is outside Canada, please provide the address of the principal office in Canada on line (ii).

① FIRST corporation/individual

(i) Name

Street name and number City

Province/Territory/State Postal Code/Zip Code Country

(ii) Street name and number

Street name and number City

Province/Territory/State Postal Code/Zip Code Country

Number of shares owned or held

Number of shares

② SECOND corporation/individual

(i) Name

Street name and number City

Province/Territory/State Postal Code/Zip Code Country

(ii) Street name and number

Street name and number City

Province/Territory/State Postal Code/Zip Code Country

Number of shares owned or held

Number of shares

③ THIRD corporation/individual

(i) Name

Street name and number City

Province/Territory/State Postal Code/Zip Code Country

(ii) Street name and number

Street name and number City

Province/Territory/State Postal Code/Zip Code Country

Number of shares owned or held

Number of shares

6.2 In Question 6.1 above, is any individual part of a related group?

(A **related group** is composed of individuals related by blood relationship, legal adoption, marriage and common-law partnership.)

No

Yes → please identify each individual

7. Shareholders with addresses outside Canada or no address of record and not specified in Questions 5.1 or 6.1:

If any shareholder owns or holds more than 5% but less than 10% of the total issued shares of any class, report the number of each class owned or held, for such shareholder.

Shareholder 1

Shareholder 2

Shareholder 3

Number of shares

Classes of shares

Number of shares	Number of shares	Number of shares	Number of shares	Number of shares
Number of shares	Number of shares	Number of shares	Number of shares	Number of shares
Number of shares	Number of shares	Number of shares	Number of shares	Number of shares
Number of shares	Number of shares	Number of shares	Number of shares	Number of shares

FOR INFORMATION ONLY

8. Share capital of corporations owned by reporting corporation:

Report the name and address of each corporation authorized to do business in Canada in which the reporting corporation directly owns 10% or more of the voting shares that can elect directors. Please provide the address of the Head Office. If this address is not in Canada, please provide the address of the principal office in Canada.

Name and address	Manner of incorporation	Date of incorporation	Place of incorporation	Specify % owned directly
Name <input type="text"/> Street name and number <input type="text"/> City Province/Territory Postal Code <input type="text"/> <input type="text"/> <input type="text"/>	Articles of incorporation <input type="radio"/> Other, Please specify <input type="radio"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
Name <input type="text"/> Street name and number <input type="text"/> City Province/Territory Postal Code <input type="text"/> <input type="text"/> <input type="text"/>	Articles of incorporation <input type="radio"/> Other, Please specify <input type="radio"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
Name <input type="text"/> Street name and number <input type="text"/> City Province/Territory Postal Code <input type="text"/> <input type="text"/> <input type="text"/>	Articles of incorporation <input type="radio"/> Other, Please specify <input type="radio"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %

9. Funded debt of reporting corporation:

Funded debt refers to long-term publicly-traded debt.

List all classes of debentures including bonds, debenture stock and any other forms of funded debt. **Exclude:** bank loans, inter-company loans, director's loans, etc.

Classes of funded debt	Total outstanding	Total amount offered for public subscription in Canada in the last 5 years
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Certification:

To be signed by the President or Vice-President of the corporation filing the return and by one other officer thereof or another person duly authorized by the board of directors or other governing body of the corporation. Each of the undersigned officers of the above corporation hereby certifies that this return and each statement comprised herein has been examined by them and is, to the best of their knowledge and belief, correct and complete.

Name (Print in upper case) <input type="text"/>		Name (Print in upper case) <input type="text"/>	
Position or rank of officer <input type="text"/>	Telephone number <input type="text"/>	Position or rank of officer <input type="text"/>	Telephone number <input type="text"/>
Signature <input type="text"/>	Date <input type="text"/>	Signature <input type="text"/>	Date <input type="text"/>

11. Contact information:

Please provide the name and title of the person who completed this questionnaire. We require this information for follow-up purposes. It is recommended that you keep a copy of this questionnaire for your records in case we require clarification about the information provided.

Name <input type="text"/>	Title <input type="text"/>	Signature <input type="text"/>
Telephone number <input type="text"/>	Fax <input type="text"/>	E-mail <input type="text"/>

How long did you spend, in total, collecting the data and completing this questionnaire? hours minutes

12. Comments: If you have any comments concerning this survey, please make note of them in the space below.

**Thank you for your cooperation.
Please retain a copy of this completed questionnaire for your records.**