

# Ownership

Requirement in law: Corporations Returns Act

Si vous préférez ce questionnaire en français, veuillez cocher

Principal purpose: Data are required to prepare and report to parliament on foreign ownership and control of the Canadian Economy.

**Corporation year end**

Year	Month	Day

1. Changes to Corporate Name/Address	Changes to Mailing Address
Name _____	_____
Street and # _____	Street and # _____
City _____ Prov./State _____	City _____ Prov./State _____
Country _____	Country _____
Postal/Zip Code _____	Postal/Zip Code _____

Every Individual corporation that is part of a group of commonly controlled corporations with combined assets exceeding 10 million dollars or revenue exceeding 15 million dollars is liable to file under the Act. In addition, individual corporations with debt obligations or equity owed to non-residents exceeding a net book value of \$200,000 are liable to file. For items 5, 6 and 7, owners must be reported in the case of corporations having 50 shareholders or less. In the case of corporations having more than 50 shareholders, holders may be reported instead of owners for these items.

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 Statistic Canada.

Nature of Business \_\_\_\_\_

Please do not fill shaded boxes.

**2. Corporation:**

<p>a) Date of Incorporation</p> <table style="margin-left: 20px;"> <tr> <td style="border: 1px solid black; width: 30px; height: 15px;"></td> <td style="border: 1px solid black; width: 30px; height: 15px;"></td> <td style="border: 1px solid black; width: 30px; height: 15px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">Year</td> <td style="text-align: center; font-size: 8px;">Month</td> <td style="text-align: center; font-size: 8px;">Day</td> </tr> </table>				Year	Month	Day	<p>b) Act of Incorporation (check J )</p> <p>Federal ..... <input type="checkbox"/></p> <p>Provincial (Please specify) _____ <input type="checkbox"/></p> <p>Outside Canada (Please specify) _____ <input type="checkbox"/></p>
Year	Month	Day					
<p>c) Manner of Incorporation (check J )</p> <p>Articles of incorporation ..... <input type="checkbox"/></p> <p>Letters patent ..... <input type="checkbox"/></p> <p>Memorandum of association ..... <input type="checkbox"/></p> <p>Special act ..... <input type="checkbox"/></p>	<p>d) Corporation is (check J )</p> <p>Public ..... <input type="checkbox"/></p> <p>Private ..... <input type="checkbox"/></p> <p>Other (Please specify) ..... <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p>						

<p>Return to: Statistics Canada c/o Industrial Organization and Finance Division 120 Parkdale Ave. Ottawa, Ont. K1A 9Z9</p>	<p>Facsimile: (613) 951-0318 Telephone: (613) 951-9858 corpreturnsact@statcan.ca</p>
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**3. Corporation Directors/Officers at end of Reporting Period:** (List all directors and officers of the corporation) NOTE: For Column 5 please use the following letter code for main position held:

- a) Chairman of Board,
- b) President,
- c) Ex. Vice-President,
- d) Vice-President,
- e) Treasurer,
- f) Ass't. Treasurer,
- g) Secretary-Treasurer,
- h) Secretary,
- i) Ass't. Secretary,
- j) Comptroller,
- k) Auditor,
- l) Other (*specify*)

(1)	(2)	(3)	(4)	(5)	(6)
Surname	Initials	Principal Address of Residence	Director (Indicate Yes/No)	Enter appropriate letter code to describe main position held (see above)	Citizenship
100	101	102 Street and No.	105 <input type="checkbox"/> Yes	107 <input type="checkbox"/>	
109		103 City Prov./State	106 <input type="checkbox"/> No		108
		104 Postal Code Country			
110	111	112 Street and No.	115 <input type="checkbox"/> Yes	117 <input type="checkbox"/>	
119		113 City Prov./State	116 <input type="checkbox"/> No		118
		114 Postal Code Country			
120	121	122 Street and No.	125 <input type="checkbox"/> Yes	127 <input type="checkbox"/>	
129		123 City Prov./State	126 <input type="checkbox"/> No		128
		124 Postal Code Country			
130	131	132 Street and No.	135 <input type="checkbox"/> Yes	137 <input type="checkbox"/>	
139		133 City Prov./State	136 <input type="checkbox"/> No		138
		134 Postal Code Country			
140	141	142 Street and No.	145 <input type="checkbox"/> Yes	147 <input type="checkbox"/>	
149		143 City Prov./State	146 <input type="checkbox"/> No		148
		144 Postal Code Country			
150	151	152 Street and No.	155 <input type="checkbox"/> Yes	157 <input type="checkbox"/>	
159		153 City Prov./State	156 <input type="checkbox"/> No		158
		154 Postal Code Country			
160	161	162 Street and No.	165 <input type="checkbox"/> Yes	167 <input type="checkbox"/>	
169		163 City Prov./State	166 <input type="checkbox"/> No		168
		164 Postal Code Country			
170	171	172 Street and No.	175 <input type="checkbox"/> Yes	177 <input type="checkbox"/>	
179		173 City Prov./State	176 <input type="checkbox"/> No		178
		174 Postal Code Country			
180	181	182 Street and No.	185 <input type="checkbox"/> Yes	187 <input type="checkbox"/>	
189		183 City Prov./State	186 <input type="checkbox"/> No		188
		184 Postal Code Country			
190	191	192 Street and No.	195 <input type="checkbox"/> Yes	197 <input type="checkbox"/>	
199		193 City Prov./State	196 <input type="checkbox"/> No		198
		194 Postal Code Country			

(1)	(2)	(3)	(4)	(5)	(6)
Surname	Initials	Principal Address of Residence	Director (Indicate Yes/No)	Enter appropriate letter code to describe main position held (see above)	Citizenship
200	201	202 Street and No.	205 <input type="checkbox"/> Yes	207 <input type="checkbox"/>	208 <input type="checkbox"/>
209 <input type="checkbox"/>		203 City Prov./State	206 <input type="checkbox"/> No		
		204 Postal Code Country			
210	211	212 Street and No.	215 <input type="checkbox"/> Yes	217 <input type="checkbox"/>	218 <input type="checkbox"/>
219 <input type="checkbox"/>		213 City Prov./State	216 <input type="checkbox"/> No		
		214 Postal Code Country			
220	221	222 Street and No.	225 <input type="checkbox"/> Yes	227 <input type="checkbox"/>	228 <input type="checkbox"/>
229 <input type="checkbox"/>		223 City Prov./State	226 <input type="checkbox"/> No		
		224 Postal Code Country			
230	231	232 Street and No.	235 <input type="checkbox"/> Yes	237 <input type="checkbox"/>	238 <input type="checkbox"/>
239 <input type="checkbox"/>		233 City Prov./State	236 <input type="checkbox"/> No		
		234 Postal Code Country			
240	241	242 Street and No.	245 <input type="checkbox"/> Yes	247 <input type="checkbox"/>	248 <input type="checkbox"/>
249 <input type="checkbox"/>		243 City Prov./State	246 <input type="checkbox"/> No		
		244 Postal Code Country			
250	251	252 Street and No.	255 <input type="checkbox"/> Yes	257 <input type="checkbox"/>	258 <input type="checkbox"/>
259 <input type="checkbox"/>		253 City Prov./State	256 <input type="checkbox"/> No		
		254 Postal Code Country			
260	261	262 Street and No.	265 <input type="checkbox"/> Yes	267 <input type="checkbox"/>	268 <input type="checkbox"/>
269 <input type="checkbox"/>		263 City Prov./State	266 <input type="checkbox"/> No		
		264 Postal Code Country			
270	271	272 Street and No.	275 <input type="checkbox"/> Yes	277 <input type="checkbox"/>	278 <input type="checkbox"/>
279 <input type="checkbox"/>		273 City Prov./State	276 <input type="checkbox"/> No		
		274 Postal Code Country			
280	281	282 Street and No.	285 <input type="checkbox"/> Yes	287 <input type="checkbox"/>	288 <input type="checkbox"/>
289 <input type="checkbox"/>		283 City Prov./State	286 <input type="checkbox"/> No		
		284 Postal Code Country			
290	291	292 Street and No.	295 <input type="checkbox"/> Yes	297 <input type="checkbox"/>	298 <input type="checkbox"/>
299 <input type="checkbox"/>		293 City Prov./State	296 <input type="checkbox"/> No		
		294 Postal Code Country			

4. Share Capital of Reporting Corporation:			301	302
Number of classes of shares .....	300			
(a) Description of each class authorized (Describe fully any options or other contracts attached to each class) .....				
(b) Number of shares authorized .....			311	312
(c) Amount of authorized share capital .....			321 \$	322 \$
(d) Number of votes per share .....			331	332
(e) Number of shares offered for public subscription in last 5 years .....			341	342
(f) Number of shares owned or held in:			351	352
Canada .....	350	C A N	361	362
United States .....	360	U S A	371	372
United Kingdom .....	370	G B R	381	382
Other Countries (specify) .....	380		391	392
.....	390		401	402
.....	400		411	412
No address of record .....			421	422
Total issued and outstanding .....				
<b>5. With respect to corporation directors and officers specified in item 3, please report the number of shares of each class owned by each director and officer:</b>				
Name	500	Res.	520	
1				540 560
2				541 561
3				542 562
4				543 563
5				544 564
6				545 565
7				546 566
8				547 567
9				548 568
10				549 569
11				550 570
12				551 571
13				552 572
14				553 573
15				554 574
16				555 575
17				556 576
18				557 577
19				558 578
20				559 579

Classes of Shares				
303	304	305	306	307
313	314	315	316	317
323	324	325	326	327
\$	\$	\$	\$	\$
333	334	335	336	337
343	344	345	346	347
353	354	355	356	357
363	364	365	366	367
373	374	375	376	377
383	384	385	386	387
393	394	395	396	397
403	404	405	406	407
413	414	415	416	417
423	424	425	426	427
580	600	620	640	660
581	601	621	641	661
582	602	622	642	662
583	603	623	643	663
584	604	624	644	664
585	605	625	645	665
586	606	626	646	666
587	607	627	647	667
588	608	628	648	668
589	609	629	649	669
590	610	630	650	670
591	611	631	651	671
592	612	632	652	672
593	613	633	653	673
594	614	634	654	674
595	615	635	655	675
596	616	636	656	676
597	617	637	657	677
598	618	638	658	678
599	619	639	659	679

<p>6. (a) Identify each class authorized as described in item 4(a): .....</p> <p>(b) For those shares not accounted for in item 5, specify the corporations, individuals and related groups owning or holding 10% or more of the total issued shares of any class:</p> <p>Number of such corporations/individuals/groups: ..... 600 <input type="text"/></p> <p>Report name and address of each such corporation or individual. Note: For each group, report the name and address of each individual member. If this address in (i) is outside Canada give in (ii), if applicable, the address of principal office in Canada of that corporation or individual:</p> <p>(a) First such corporation/individual/group:</p> <p>Name _____</p> <p>_____</p> <p>(i) Street and No. _____ City _____</p> <p>Prov./State _____ Postal Code _____ Country _____</p> <p>(ii) Street and No. _____ City _____</p> <p>Province _____ Postal Code _____</p> <p>Number of shares owned or held .....</p>	<p>602 <input type="text"/></p> <hr/> <p>610 <input type="text"/></p> <p>RES. <input type="text"/></p> <p>611 <input type="text"/></p> <hr/> <p>Number of shares</p> <p>612</p>
<p>(b) Second such corporation/individual/group:</p> <p>Name _____</p> <p>_____</p> <p>(i) Street and No. _____ City _____</p> <p>Prov./State _____ Postal Code _____ Country _____</p> <p>(ii) Street and No. _____ City _____</p> <p>Province _____ Postal Code _____</p> <p>Number of shares owned or held .....</p>	<p>620 <input type="text"/></p> <p>RES. <input type="text"/></p> <p>621 <input type="text"/></p> <hr/> <p>Number of shares</p> <p>622</p>
<p>(c) Third such corporation/individual/group:</p> <p>Name _____</p> <p>_____</p> <p>(i) Street and No. _____ City _____</p> <p>Prov./State _____ Postal Code _____ Country _____</p> <p>(ii) Street and No. _____ City _____</p> <p>Province _____ Postal Code _____</p> <p>Number of shares owned or held .....</p>	<p>630 <input type="text"/></p> <p>RES. <input type="text"/></p> <p>631 <input type="text"/></p> <hr/> <p>Number of shares</p> <p>632</p>
<p>(d) Fourth such corporation/individual/group:</p> <p>Name _____</p> <p>_____</p> <p>(i) Street and No. _____ City _____</p> <p>Prov./State _____ Postal Code _____ Country _____</p> <p>(ii) Street and No. _____ City _____</p> <p>Province _____ Postal Code _____</p> <p>Number of shares owned or held .....</p>	<p>640 <input type="text"/></p> <p>RES. <input type="text"/></p> <p>641 <input type="text"/></p> <hr/> <p>Number of shares</p> <p>642</p>

Classes of Shares				
603	604	605	606	607
Number of shares 613	Number of shares 614	Number of shares 615	Number of shares 616	Number of shares 617
Number of shares 623	Number of shares 624	Number of shares 625	Number of shares 626	Number of shares 627
Number of shares 633	Number of shares 634	Number of shares 635	Number of shares 636	Number of shares 637
Number of shares 643	Number of shares 644	Number of shares 645	Number of shares 646	Number of shares 647

**7. Shareholders with Addresses Outside Canada or no Address of Record and not Specified in Items 5 or 6: If any such shareholder owns or holds, less than 10% and more than 5% of the total issued shares of any class, report the number of each class owned or held, for each such shareholder.**

Identify each class as described in question 4.	701	702	703	704
<b>Number of Shares Owned</b>				
Shareholder No. 1 . . . . .	711	712	713	714
Shareholder No. 2 . . . . .	721	722	723	724
Shareholder No. 3 . . . . .	731	732	733	734

**8. Share Capital of Corporations Owned by Reporting Corporation: Corporate name and address of each corporation authorized to do business in Canada in which the reporting corporation owns 10% or more of the voting shares that can elect Directors.\***

Name and Address	Manner of incorporation	Date of incorporation	Place of incorporation	For office use
Name _____ Address _____ Street and No. _____ City _____ Prov./State _____ Postal Code _____ Country _____ Street and No. _____ City _____ Prov./State _____ Postal Code _____ Country _____ For office use CCID <input type="text"/>	Articles of incorporation . . . . . <input type="checkbox"/> 811 Letters patent <input type="checkbox"/> 812 Memorandum of association <input type="checkbox"/> 813 Special act . . . . . <input type="checkbox"/> 814	815 Year Month Day		816 <input type="text"/>
Name _____ Address _____ Street and No. _____ City _____ Prov./State _____ Postal Code _____ Country _____ Street and No. _____ City _____ Prov./State _____ Postal Code _____ Country _____ For office use CCID <input type="text"/>	Articles of incorporation . . . . . <input type="checkbox"/> 831 Letters patent <input type="checkbox"/> 832 Memorandum of association <input type="checkbox"/> 833 Special act . . . . . <input type="checkbox"/> 834	835 Year Month Day		836 <input type="text"/>
Name _____ Address _____ Street and No. _____ City _____ Prov./State _____ Postal Code _____ Country _____ Street and No. _____ City _____ Prov./State _____ Postal Code _____ Country _____ For office use CCID <input type="text"/>	Articles of incorporation . . . . . <input type="checkbox"/> 851 Letters patent <input type="checkbox"/> 852 Memorandum of association <input type="checkbox"/> 853 Special act . . . . . <input type="checkbox"/> 854	855 Year Month Day		856 <input type="text"/>

\* Give address of Head Office; if this address is not in Canada, give address of principal office in Canada.

**9. Funded Debt of Reporting Corporation: List all classes of debentures including bonds, debenture stock and any other forms of funded debt.**

Classes of Funded Debt	For office use	Total Outstanding	Total amount offered for public subscription in Canada in the last 5 years
900	901	902	903
910	911	912	913
920	921	922	923

**10. Certification: 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 it is to the best of their knowledge and belief, correct and complete.**

Name in block letters:	Signature:		
Position or rank of officer:	Area code:	Telephone Number:	Date:
Name in block letters:	Signature:		
Position or rank of officer:	Area code:	Telephone Number:	Date:

(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.)