

**INFORMATION FORM – CORPORATE**
**A. Current Organization**

1. Full legal name of business: \_\_\_\_\_  
 \_\_\_\_\_

2. Date of incorporation: \_\_\_\_\_

3. Address(s) of operations:  
 i) \_\_\_\_\_  
 ii) \_\_\_\_\_  
 iii) \_\_\_\_\_

4. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

5. Business Number with Canada Customs and Revenue Agency: \_\_\_\_\_

6. Principle operation of business: \_\_\_\_\_

7. Date business ceased operating: \_\_\_\_\_

8. Shareholders:

Name	Address	Telephone	No./Class of Shares	Director Yes/No

Name of other official whom we may wish to contact: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: (home) \_\_\_\_\_ (business) \_\_\_\_\_

9. Residential address and phone number of president: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**B. STATEMENT OF ASSETS**

	<b>Original Cost</b>	<b>Current Value</b>	<b>Encumbrances</b>
1. Cash on hand:			

2. Cash in bank			
Bank #1:			
Branch:			
Acct. No.			
Address:			
Fax #:			

Bank #2:			
Branch:			
Acct. No.			
Address:			
Fax #:			
Any other bank accounts?			
If yes, please list separately and attach.			

	<b>Original Cost</b>	<b>Current Value</b>	<b>Encumbrances</b>
3. Stock, Bonds and Other Investments			

4. Inventory			
- Detailed list? Yes <input type="checkbox"/> No <input type="checkbox"/>			
- List attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			

5. Accounts Receivable (including rebates-volume, gas tax, income tax, promissory notes)			
- Detailed list? Yes <input type="checkbox"/> No <input type="checkbox"/>			
- List attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			

6. Vehicles (Trucks, cars, motorcycles, boats etc.)			
- Detailed list? Yes <input type="checkbox"/> No <input type="checkbox"/>			
- List attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			

---



---

	Original Cost	Current Value	Encumbrances
7. Machinery, Equipment and Plant (including tools)			
- Detailed list? Yes <input type="checkbox"/> No <input type="checkbox"/>			
- List attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			

8. Fixtures and Fittings			
- Detailed list? Yes <input type="checkbox"/> No <input type="checkbox"/>			
- List attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			

9. Real Estate (Offices, warehouses, land, etc.)			
- Detailed list? Yes <input type="checkbox"/> No <input type="checkbox"/>			
- List attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			

10. Leased Assets			
- Detailed list? Yes <input type="checkbox"/> No <input type="checkbox"/>			
- List attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			

11. Other Assets			
- Detailed list? Yes <input type="checkbox"/> No <input type="checkbox"/>			
- List attached? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**TOTALS** \$

--	--	--	--

**C. LIABILITIES**

	<b>AMOUNT OWED</b>
1. Deemed Trust	
Canada Customs and Revenue Agency	
- Unremitted payroll deductions	
- Unpaid G.S.T.	
Wages (provide list of employees)	

2. Statutory Secured	
Worker's Compensation Board (non-bankrupt)	
Business Taxes	
Other (please specify)	

3. Secured Creditors				
<b>Mortgages</b>				
Address	Type of Security	Date of Loan	Loan Amount	Value of Security
<b>Bank Loans</b>				
<b>Chattel Mortgages</b>				
<b>Conditional Sales Contracts</b>				
<b>General Security Agreements</b>				

	<b>AMOUNT OWED</b>
4. Guarantees by Corporation	

5. Leases				
Lessor	Asset	Monthly Pmt.	Date of Loan	Amount Due

6. Landlord	
Name	
Address	
Telephone:	Fax:

7. Unsecured (see attached list – page 8) Please supply name, address, account number and amount owing	
---	--

<p>8. Litigation and Liens</p> <p>Was or is the company involved in civil litigation against any other party?          Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If yes, give details and provide documentation. _____          _____</p> <p>Are there any liens, Writes, or Judgements outstanding against the company?          Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If yes, give details and provide documentation. _____          _____</p>
--

<b>TOTAL</b>	\$	
--------------	----	--

**D. STATUS REPORT**

1. Financial

Year and date of last financial statements prepared: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Attached: Yes  No

2. Within the last five years has the company:

a) Sold, disposed of, or transferred any real estate? Yes  No

Description of Asset	Date Disposed	To Whom	Proceeds	Disposition of Proceeds

b) Made any payments or declared any dividends to directors, officers Shareholders or other non-arms-length persons in excess of \$500? Yes  No

\_\_\_\_\_  
\_\_\_\_\_

2. Has the company made any arrangement to continue to pay any creditors in the future? Yes  No

\_\_\_\_\_  
\_\_\_\_\_

3. Has anyone guaranteed company debts? Yes  No

4. Do you have a registered pension plan? Yes  No

5. Does the company or any employee have credit cards in their possession? Yes  No

6. How many employees do you have now? \_\_\_\_\_

7. Do you have a union agreement? Yes  No

8. Has the last payroll been paid? Yes  No

9. When was the last date to which wages were paid? \_\_\_\_\_

10. Are all assets insured and, if so, to what date? \_\_\_\_\_

Please provide copies of insurance policies (buildings, equipment, autos, trucks, mobile equipment, boiler explosion, public liability, product liability, tenant legal liability, garage policy, loss of earnings, rental, environmental hazard insurance).

11. Are the premises leased? (If so, please provide a copy of the lease.) Yes  No

Lease expiry date? \_\_\_\_\_

- 12. Is the rent paid to date (including common area charges, shares of taxes, insurance, heating, air conditioning, etc.)? Yes  No
- 13. Have all property taxes been paid to date? Yes  No
- 14. Is the business subject to possible environmental hazards (chemicals, pollution, effluent, toxic wastes), or to government controls (replacement of land removed, reseeding, clean up and of debris, etc)? Yes  No
- 15. Has the company leased any equipment or loaned any equipment to anyone? Yes  No
- 16. Do you have any goods on consignment from anyone? Yes  No   
If so, provide details and documentation.
- 17. Is there any other property on the premises not owned by the company? Yes  No

**E. VIABILITY OF OPERATIONS**

- 1. In your opinion, are the operations viable? Yes  No
- 2. Is funding required to ensure viability? Yes  No

**F. TAX INFORMATION**

- 1. Provide the Trustee with the last corporate tax return field. Are there any loss-carrybacks available to obtain tax refunds? Yes  No
- 2. Did the company pay any taxes in the last 7 years? Yes  No

**G. CAUSE OF BANKRUTPCY**

- 1. What are the causes of the company's financial difficulties? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signing Officer

\_\_\_\_\_  
Date

