Phone 604-876-5526

Facsimile 604 876-5564

## **INITIAL STARTUP REQUIREMENTS:**

Company Name:		
Address:		
Phone #:	Cell:	
Fax:	Email:	
Website:	Contact Name:	
RESIDENT AGENT US	ADDRESS:	
Company Name:		
Address:		
Market Maker Info:		-
NAME:	PHONE#:	
<b>Broker Information:</b>		
Broker:	Full Name:	
Phone#:	Fax#:	
Old Transfer Agent Info	rmation (if Applicable):	
Company Name:		
	Phone#:	
Lawyer Information (US	if applicable):	
Company Name:		
Contact:	Phone#:	
Address:		
Lawyer Information (Car	nadian if Applicable):	
Company Name:		
Contact:	Phone#:	
Address:		

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- A. Ratified shareholders list or CD from your previous transfer agent in excel format.
- B. 10-SB12G, a 15-c2-11, or equivalent history
- C. The CUSIP number
- D. The State in which the company is registered or incorporated
- E. Authorized number of shares
- F. Par Value of shares
- G. Signatures of the President and Secretary
- H. Color Preference
- I. Logo if have one
- J. Company setup fee \$1000.00 USD, payment due upon signing agreement and a 500.00 deposit for a total of \$1500.00 USD\*.

Cheques made payable to: New Horizon Transfer Inc and to be received before any work can be done.