

4. Particulars for Shareholders, Officers, Directors, Partners, Sole Proprietor, and Office Manager/Supervisor

Extra page for additional key stakeholders

04

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|---|--------------|--|---------|
| Social Insurance Number (optional) | First Name * | Middle | Last * |
| Home address * | | Position held in company (Officer, Director, Shareholder, Manager) * | |
| City * | Province * | Postal Code * | Phone * |
| e-mail * | | Cell Phone * | |
| Employment History (go back three years) * | | | |
| Name/Address of Employers | | Occupation/Position/Type of work | |
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|---|------------|--|-------|
| Social Insurance Number (optional) | First Name | Middle | Last |
| Home address | | Position held in company (Officer, Director, Shareholder, Manager) | |
| City | Province | Postal Code | Phone |
| e-mail | | Cell Phone | |
| Employment History (go back three years) | | | |
| Name/Address of Employers | | Occupation/Position/Type of work | |
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|---|------------|--|-------|
| Social Insurance Number (optional) | First Name | Middle | Last |
| Home address | | Position held in company (Officer, Director, Shareholder, Manager) | |
| City | Province | Postal Code | Phone |
| e-mail | | Cell Phone | |
| Employment History (go back three years) | | | |
| Name/Address of Employers | | Occupation/Position/Type of work | |
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