



Corporate Shareholder Information Form

This form must only be completed when a shareholder of the corporation applying for registration with TICO has one or more shareholders that is a corporation. If the business structure or shareholder distribution includes multiple corporations and/or holding companies, and/or international companies, a corporate organizational chart is required.

1. Name of Travel Seller Applicant or TICO Registered Agency

Legal Name	Trade Name
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2. Legal Name & Address of Corporate Shareholder

Legal Name of Corporate Shareholder			
Registered Head Office Address	City	Province	Postal Code
Phone	Cell	Toll free	
e-mail	Website		

3. Shareholder's Information

Name of shareholder(s)	Employer	Occupation/Position	No. of shares held	No. of voting shares held
Total number of voting shares issued to date				
Enter total number of equity (voting) shares beneficially owned directly or indirectly, by non-residents of Canada or over which non-residents of Canada exercise control or direction.				

3a. Is the corporation entitled to offer its shares to the public? Yes No

3b. Are any of the above shares held for a beneficial shareholder? Yes No

If yes, attach full particulars.

4. Particulars for Shareholders, Officers, Directors

- If needed for additional persons, please [download another copy of this page](#).
- If a shareholder is not an individual, e.g., a corporate entity, an additional separate [Corporate Shareholder Information Form](#) must be completed.

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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	Birth date (MM/DD/YYYY)	Sex
e-mail		Cell Phone			
Employment History (go back three years)				From	To
Name/Address of Employers		Occupation/Position/Type of work		MM/DD/YYYY	MM/DD/YYYY

02

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

03

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

Key Stakeholder Declaration Form

A separate declaration form must be completed by every officer and director of the corporate entity.

If needed for additional persons, please [download another copy of this declaration form](#).

Name of Applicant / Key Stakeholder _____

1. Are you a Canadian resident? Yes No

(Provide proof of citizenship or immigration documents)

Canadian Citizen: Yes No Landed Immigrant: Yes No Work permit: Yes No

Legally entitled to work in Canada: Yes No

Other:

2. Has the applicant ever had a registration of any kind refused, suspended, revoked or voluntarily terminated?
If yes, attach particulars. Yes No

3. Is the applicant engaged, occupied, employed or associated directly or indirectly in any other
business occupation or profession? If yes, attach particulars. Yes No

4. Is the applicant now or has the applicant been insolvent or involved in Bankruptcy, Consumer
Proposal or Proposal Proceedings under the Bankruptcy and Insolvency Act?
If yes, attach discharge papers, assignment or any other related documents. Yes No

5. Has the applicant ever been or is he/she now an officer, director or majority shareholder of
a corporation which has been declared bankrupt or is presently a party to Bankruptcy or
Proposal Proceedings under the Bankruptcy and Insolvency Act? Yes No

Notes:

- Where an applicant is an undischarged bankrupt, submit a copy of the assignment in bankruptcy and a list of creditors.
- Where an applicant is a discharged bankrupt, submit proof of discharge.
- For corporation bankruptcies, submit any related documents.

6. Are there any unpaid judgements outstanding against the applicant? If yes, submit a copy of each judgement.
State the amount outstanding and repayment arrangements. Yes No

7. Has the applicant ever been found guilty or convicted of an offence under any law or are any charges now
pending? Yes No

This includes where a conditional discharge or an absolute discharge has been ordered. If yes, attach full particulars on a separate signed and dated statement.

Note: Where the applicant has been previously registered, list only those convictions, conditional discharges, absolute discharges or charges which have not been previously disclosed.

8. Has the applicant ever been associated with a registrant that has failed and has had claims
against the Fund? Yes No

Notice and Consent

This declaration form must be completed and signed by the sole proprietor, all partners in a partnership, and by all officers and directors for corporate entities, certifying the accuracy and completeness of the information provided.

By signing below, I affirm that all information provided in this declaration form, including attached documents and supplementary materials, is accurate, true, and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations may result in the denial of this application or future revocation of registration, should it be granted. Additionally, I understand that furnishing a false statement in an application to TICO is an offence punishable by a fine and/or imprisonment.

I hereby grant permission to the Travel Industry Council of Ontario (TICO) to verify any information contained in this declaration form and conduct inquiries and/or collect/exchange information with others as may be necessary including but not limited to government sources, non-government sources, CPIC (Canadian Police Information Centre), and credit bureaus/reporting agencies as necessary to determine my eligibility for registration.

I acknowledge that the registration record with TICO, which includes the business name, registration number, business address, and registration date, is part of the public record.

I affirm my commitment to upholding integrity, professionalism, and ethical standards, and I recognize my role in ensuring consumer protection.

Date (MM/DD/YYYY)

Print Name

Signature of applicant

Witness Print Name

Signature of Witness