

Ministry of Finance Corporate and Personal Property Registries www.fin.gov.bc.ca/registries Mailing Address: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3 Location:

2nd Floor - 940 Blanshard Street Victoria BC

STATEMENT ON REGISTRATION EXTRAPROVINCIAL SOCIETY

(Section 76 Society Act)

Enquiries: 250 356-8673

Hours: 8:30 – 4:30 (Monday to Friday)

Freedom of Information and Protection of Privacy Act (FIPPA): The personal information requested on this form is made available to the public under the authority of the Society Act. Questions about how the FIPPA applies to this personal information can be directed to the Administrative Analyst, Corporate and Personal Property Registries at 250 356-0944. PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

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1. NAME OF SOCIETY												
2. DATE OF INCORPORATION	YYYY / MM / DE	3. JURISDICTION OF	NCORPORATION									
4. GENERAL PURPOSES OF THE SOCIETY ARE: (PROVIDE BRIEF STATEMENT ONLY)												
5. FULL ADDRESS OF	THE HEAD OFFICE OUTSID	E BRITISH COLUMBIA		CITY		PROVINCE	POSTAL CODE					
6. FULL ADDRESS OF	THE HEAD OFFICE WITHIN											
7. FULL NAME AND AD	DRESS OF THE PERSON A	PPOINTED BY THE CORPORATION	N AS ITS ATTORNEY FOR	RTHE	PURPOSE OF SEC. 77	, SOCIETY AC	T IS					
SURNAME	FIRST NAME & INITIALS	ADDRESS			CITY	PROVINCE	POSTAL CODE					
8. THE CHARTER AND	BYLAW DOCUMENTS OF T	HE SOCIETY, VERIFIED COPIES	OF WHICH ARE ENCLOSE	D ARE	:							
DATE			NATURE OF	DOCU	MENTS							
YYYY / MM	טט / ו											
	I											
9 THE SOCIETY DOES	S NOT HAVE A CAPITAL DIV	IDED INTO SHARES										
9. 1112 3001211 0023	SNOT HAVE A CALITAL DIV	IDED INTO SHARLS.										
10. THE LIABILITY OF THE MEMBERS OF THE SOCIETY, UNDER ITS CHARTER AND REGULATIONS, IS LIMITED.  11. THE SOCIETY DOES NOT CARRY ON BUSINESS, TRADE, INDUSTRY, OR PROFESSION FOR PROFIT OR GAIN.												
12 DO YOU INTEND TO APPLY FOR A "BUSINESS AUTHORIZATION" UNDER THE FINANCIAL INSTITUTIONS ACT OF B C ?												
12. DO YOU INTEND TO APPLY FOR A "BUSINESS AUTHORIZATION" UNDER THE FINANCIAL INSTITUTION.							NO .					
"BUSINESS AUTHORIZATION" means: to carry on Trust Business, Deposit Business, Insurance Business, or both Trust Business and Deposit Business.  If "YES", you would be required to register as an Extraprovincial Company under the B.C. Company Act, not an Extraprovincial Society.												
	I be required to register f you require further cla		any under the <i>B.C. Co</i>	mpan	y Act, not an Extra∣	orovincial So	ciety.					
Contact our office I	. you require further that	inioation.										

12. FULL NAMES AND ADDRESSES OF ALL THE DIRECTORS OF THE SOCIETY											
SURNAME	FIRST NAME & INITIALS		No. alone is not acceptable)	CITY	PROVINCE	POSTAL CODE					
			YYYY / MM	1 / DD							
IN WITNESS WHERE	EOF THE SOCIETY HAS EX	XECUTED THIS STATEMEN	T ON								
T 0.T. 4.T. 1.											
THIS STATEMENT IS	S EXECUTED IN THE NAM	E OF THE SOCIETY BY:									
	PRINT NAME			NAME OF SOCIETY							
	ADDRESS										
	CITY / PROVINCE / POSTAL CO	DE									
			BY								
	RELATIONSHIP TO SOCIETY		<u> </u>	AUTHORIZED SIGNING	OFFICER						
CONSENT											
I, , OF				, HEREBY CONSENT TO ACT AS THE ATTORNEY							
OF THE ABOVE-MEI	NTIONED EXTRAPROVING	CIAL SOCIETY.									
	YYYY / MM / DD										
DATED ON											
DATED ON				SIGNATURE							