INSTRUCTIONS FOR COMPLETING
THE PAPER VERSION OF THE
INCORPORATION APPLICATION
AND THE NOTICE OF ARTICLES

Step 4 of the package on "Steps to Incorporating a Company in British Columbia" recommends that you complete a paper version of the Incorporation Application before you file the electronic version of the form using Corporate Online.



Ministry of Finance Corporate and Personal Property Registries www.fin.gov.bc.ca/registries

Telephone: 250 356-8626

DO NOT MAIL THIS FORM to the Corporate and Personal Property Registries unless you are instructed to do so by registry staff. The Regulation under the *Business Corporations Act* requires the electronic version of this form to be filed on the Internet at www.corporateonline.gov.bc.ca

INCORPORATION APPLICATION

FORM 1 - BC COMPANY

Section 10 Business Corporations Act

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 Business Corporations Act. Questions about how the FIPPA applies to this personal information can be directed to the Administrative Assistant of the Corporate and Personal Property Registries at 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

A NAME OF COMPANY – Choose one of the following:	
The name	is the name
reserved for the company to be incorporated. The name reservation number is	, OR
The company is to be incorporated with a name created by adding "B.C. Ltd." after the incorporated the company.	poration number of

This is the name of the company as approved and reserved by the Corporate Registry and the name reservation number provided as a result of that approval. For more information see Step 1 in the "Steps to Incorporating a Company in British Columbia" package.

OR,

You can choose to use the incorporation number following by "B.C. Ltd." as the company's name. For example, the company's name would be 0123456 B.C. Ltd. The Corporate Registry assigns the company its incorporation number upon completion of the online filing of the Incorporation Application.

INCORPORATION EFFECTIVE DATE - Choose one of the following	g:		
The incorporation is to take effect at the time that this applica	ation is filed with th	ne registrar.	
The incorporation is to take effect at 12:01a.m. Pacific Time being a date that is not more than ten days after the date of	on	MM / DD	
The incorporation is to take effect ata.m. orbeing a date and time that is not more than ten days after the	p.m. Pacific Time of date of the filing	on	YYY/MM/DD
You have the option to specify the incorporation. The date cannot be future.			
The option to specify a future dat non-refundable additional fee of \$ typically used for the convenience Corporate Online system.	100. This	option i	.s
INCORPORATOR NAME(S) AND MAILING ADDRESS(ES) If an incorporator is a corporation or firm, enter the full name of the c space is required. CORPORATION OR FIRM NAME	orporation or firm.	Attach an addi	tional sheet if more
LAST NAME FIRST NAME		MIDDLE NAME	
MAILING ADDRESS	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP COD
CORPORATION OR FIRM NAME			
LAST NAME FIRST NAME		MIDDLE NAME	
MAILING ADDRESS	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP COD
CORPORATION OR FIRM NAME			
LAST NAME FIRST NAME		MIDDLE NAME	
MAILING ADDRESS	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP COD
Refer to Step Two of the incorpora name and mailing address of each in name(s) must be the same as the na	ncorporato	r. This/	these

on the incorporation agreement.

D COMPLETING PARTY – The completing party must be an individual, not a corporation or a firm.

LAST NAME

FIRST NAME

MIDDLE NAME

The completing party is the individual who electronically files the Incorporation Application on Corporate Online.

MAILING ADDRESS OF COMPLETING PARTY	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE

Enter the name and address of the completing party (the individual who electronically files the Incorporation Application on Corporate Online.

F COMPLETING PARTY STATEMENT

FIRST NAME MIDDLE NAME LAST NAME

the completing party, have examined the Articles and Incorporation Agreement applicable to the company that is to be incorporated by the filing of this Incorporation Application and confirm that:

- (a) the Articles and Incorporation Agreement both contain a signature line for each person identified as an incorporator in the Incorporation Application with the name of that person set out legibly under the signature line,
- (b) an original signature has been placed on each of those signature lines, and
- (c) I have no reason to believe that the signature placed on a signature line is not the signature of the person whose name is set out under that signature line.

NAME OF COMPLETING PARTY	SIGNATURE OF COMPLETING PARTY	DATESIGNED
		YYYY / MM / DD
	×	

The completing party is the individual who has the responsibility to examine the company's articles and incorporation agreement to confirm both contain an original signature for each person identified as the incorporators in the Incorporation Application.

The completing party is also the individual who files the Incorporation Application electronically on Corporate Online. As the completing party, you will be asked to tick a box, as part of the electronic filing, to confirm that you have completed the responsibilities outlined above.

The signature block only needs to be completed if you are mailing the application to the preferred service provider for the Corporate Registry.

NOTICE OF ARTICLES

A NAME OF COMPANY

Set out the name of the company as set out in Item A of the Incorporation Application.

Enter the same name you entered in Item A of the application portion of this form, i.e., the name reserved for the company or leave this item blank if you want the name of the company to be its incorporation number following by "B.C. Ltd". The incorporation number will be assigned to the company when you file the Incorporation Application on Corporate Online.

B TRANSLATION OF COMPANY NAME

Set out every translation of the company name that the company intends to use outside of Canada.

A translation of company name will not be applicable to most companies. Leave this area blank on the form and also leave the field blank on the applicable screen when filing the form online.

A translation of a company name is only applicable if the company plans to use its name in a language other than French or English outside Canada.

C DIRECTOR NAME(S) AND ADDRESS(ES)

LAST NAME

Set out the full name, delivery address and mailing address (if different) of every director of the company. The director may select to provide either (a) the delivery address and, if different, the mailing address for the office at which the individual can usually be served with records between 9 a.m. and 4 p.m. on business days or (b) the delivery address and, if different, the mailing address of the individual's residence. The delivery address must not be a post office box. Attach an additional sheet if more space is required.

MIDDLE NAME

FIRST NAME

DELIVERY ADDRESS

PROVINCE/STATE COUNTRY

POSTAL CODE/ZIP CODE

MAILING ADDRESS

PROVINCE/STATE COUNTRY

POSTAL CODE/ZIP CODE

Every company must have at least one director. For a small company, the incorporator, the completing party and the director could be all the same individual.

The director must enter his or her last name, first name and any middle name. He or she must provide both a delivery address where records can be physically served and a postal address where records can be mailed.

The delivery address and the postal address can be for either:

- a) the office at which the director can usually be served with records between 9 a.m. and 4 p.m. on business days or,
- b) the director's residence.

D REGISTERED OFFICE ADDRESSES

DELIVERY ADDRESS OF THE COMPANY'S REGISTERED OFFICE

	PROVINCE	POSTAL CODE
MAILING ADDRESS OF THE COMPANY'S REGISTERED OFFICE		
	PROVINCE	POSTAL CODE
	ВС	

Typically, the registered office and the records office of the company are at the same location. This could be your primary place of business, your residence or if you choose to have a lawyer maintain your company records, your lawyer's delivery and mailing address.

The registered office delivery address is a physical location where the company can be served any legal notices. The delivery address must be for a location in British Columbia that is accessible to the public between 9 a.m. and 4 p.m. on business days for the delivery of records or The address must not be a post office box. notices.

The registered office mailing address is where the company will receive its mail, including the annual report filing reminder and any notice of dissolution from the Corporate Registry should the company fail to file its annual reports for two consecutive years.

RECORDS OFFICE ADDRESSES DELIVERY ADDRESS OF THE COMPANY'S RECORDS OFFICE		
	PROVINCE	POSTAL CODE
	ВС	
MAILING ADDRESS OF THE COMPANY'S RECORDS OFFICE		
	PROVINCE	POSTAL CODE
	ВС	

The records office delivery address is the location where all the records of the company are kept. The delivery address must be for a location in British Columbia that is accessible to the public between 9 a.m. and 4 p.m. on business days for inspection of records. The address must not be a post office box.

The records office mailing address is a postal address for the above location.

F AUTHORIZED SHARE STRUCTURE

	class or series company is auti	er of shares of this of shares that the norized to issue, or o maximum number.	К	Kind of shares of this class or series of shares.			Are there special rights or restrictions attached to the shares of this class or series of shares?	
Identifying name of class or series of shares	THERE IS NO MAXIMUM (🗸)	MAXIMUM NUMBER OF SHARES AUTHORIZED	WITHOUT PAR VALUE (✔)	WITH A PAR VALUE OF (\$)	Type of currency	YES (✔)	NO (V)	
Common		10,000	✓				✓	

An incorporated business can issue shares, which represent ownership interest in the company and give the shareholder a say in how the company is being run. For most small companies starting out, a simple share structure with just one class of shares (and no series) is typical.

See sample above for a typical share structure with just one class of shares.

If there is more than one class of shares, each class must be assigned an identifying name such as Class A, Class B, etc.

Important information about the company's share structure:

The staff at the Corporate Registry cannot provide advice on how to set up your company's share structure. If you do not understand what an authorized share structure is or what its purpose is or believe you need a more complex share structure, you should seek professional advice or purchase an incorporation guide for detailed information and instructions on establishing an authorized share structure.

Refer to the "Introduction" section of the incorporation package for information on where to obtain more information on incorporating a company.



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Section 10 Business Corporations Act

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The name			is the name
reserved for the company to be incorporated. The name reserv	ation number is		, <i>OR</i>
The company is to be incorporated with a name created by addithe company.	ng "B.C. Ltd." af	ter the incorpora	ition number of
B INCORPORATION EFFECTIVE DATE – Choose one of the following:			
The incorporation is to take effect at the time that this application	on is filed with th	e registrar.	
The incorporation is to take effect at 12:01a.m. Pacific Time on being a date that is not more than ten days after the date of the			
The incorporation is to take effect ata.m. orp.r being a date and time that is not more than ten days after the d	_{m.} Pacific Time o ate of the filing o	n	/ MM / DD
C INCORPORATOR NAME(S) AND MAILING ADDRESS(ES) If an incorporator is a corporation or firm, enter the full name of the corporation or required. CORPORATION OR FIRM NAME	ooration or firm.	Attach an additic	nal sheet if more
LAST NAME FIRST NAME		MIDDLE NAME	
MAILING ADDRESS	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
CORPORATION OR FIRM NAME			
LAST NAME FIRST NAME		MIDDLE NAME	
MAILING ADDRESS	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
CORPORATION OR FIRM NAME		1	1
LAST NAME FIRST NAME		MIDDLE NAME	
MAILING ADDRESS	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE

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COMPLETING PARTY - The completing	ng party must be an individual	, not a corporation	on or a firm.	
LASTNAME	FIRST NAME		MIDDLE NAME	
E MAILING ADDRESS OF COMPLETING	PARTY	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
F COMPLETING PARTY STATEMENT				
FIRST NAME	MIDDLE NAME		LAST NAME	
I.				
the completing party, have examined incorporated by the filing of this Inco	·	•	able to the com	pany that is to be
(a) the Articles and Incorporation A incorporator in the Incorporatio			•	
(b) an original signature has been	placed on each of those signatu	ire lines, and		
(c) I have no reason to believe that name is set out under that sign	0 .	ature line is not t	he signature of	the person whose
NAME OF COMPLETING PARTY	SIGNATURE OF COMPLETIN	G PARTY	DATE	SIGNED
				YYYY / MM / DD
	X			

FORM 1/WEB Rev. 2005 / 3 / 2 Page 2

NOTICE OF ARTICLES

A	NAME OF COMPANY Set out the name of the company as set out	in Item A of the Incorporation	on Application.		
D	TRANSLATION OF COMPANY NAME				
_	Set out every translation of the company name	e that the company intends to	ouse outside of Car	nada.	
_	DIRECTOR NAME(S) AND ADDRESS(ES)				
C	Set out the full name, delivery address an may select to provide either (a) the deliver individual can usually be served with recoand, if different, the mailing address of the Attach an additional sheet if more space in	ry address and, if different rds between 9 a.m. and 4 e individual's residence. T	t, the mailing addi p.m. on business	ress for the off days or (b) th	ice at which the le delivery address
	LAST NAME	FIRST NAME		MIDDLE NAME	
	DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
	MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
	LAST NAME	FIRST NAME		MIDDLE NAME	
	DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
	MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
	LAST NAME	FIRST NAME		MIDDLE NAME	
	DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
	MAILING ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
	LAST NAME	FIRST NAME		MIDDLE NAME	
_	DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE

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PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

MAILING ADDRESS

D	REGISTERED OFFICE ADDRESSES		
	DELIVERY ADDRESS OF THE COMPANY'S REGISTERED OFFICE		
		PROVINCE	POSTAL CODE
		ВС	
	MAILING ADDRESS OF THE COMPANY'S REGISTERED OFFICE		
		PROVINCE	POSTAL CODE
		ВС	
Е	RECORDS OFFICE ADDRESSES		
	DELIVERY ADDRESS OF THE COMPANY'S RECORDS OFFICE		
		PROVINCE	POSTAL CODE
		ВС	
	MAILING ADDRESS OF THE COMPANY'S RECORDS OFFICE		
		PROVINCE	POSTAL CODE
		ВС	
F	AUTHORIZED SHARE STRUCTURE		

	class or series company is auth	er of shares of this of shares that the norized to issue, or o maximum number.	Kind of shares of this class or series of shares.			Are there special rights or restrictions attached to the shares of this class or series of shares?	
Identifying name of class or series of shares	THERE IS NO MAXIMUM (✔)	MAXIMUM NUMBER OF SHARES AUTHORIZED	WITHOUT PAR VALUE (✔)	WITH A PAR VALUE OF (\$)	Type of currency	YES (✔)	NO (V)

NOA Page 2 FORM 1/WEB Rev. 2005 / 3 / 2