

Society name: _____

Appointment date: _____

(year / month / day)

Please check one:

The following are to serve as the first directors and officers* from the date of incorporation until the close of business at the first annual general meeting.

The following is the updated list of directors and officers* as of the appointment date.

Director or Officer of the Society: _____
(print or type name)

(signature)

Date signed: _____
(year / month / day)

Directors / Officers		All directors / officers must be listed. Please type or print.	
Check one or both: <input type="checkbox"/> Director		<input type="checkbox"/> Officer	
Name:		_____	_____
		<i>(first name and middle initial)</i>	<i>(last name)</i>
Residential address:		_____	_____
		<i>(civic number and street)</i>	<i>(apt / suite / unit)</i>
		_____	_____
		<i>(town or municipality)</i>	<i>(province or state)</i>
		_____	_____
		<i>(country)</i>	<i>(postal code)</i>
		_____	_____
		<i>(occupation)</i>	<i>(position held if officer)</i>
Check one or both: <input type="checkbox"/> Director		<input type="checkbox"/> Officer	
Name:		_____	_____
		<i>(first name and middle initial)</i>	<i>(last name)</i>
Residential address:		_____	_____
		<i>(civic number and street)</i>	<i>(apt / suite / unit)</i>
		_____	_____
		<i>(town or municipality)</i>	<i>(province or state)</i>
		_____	_____
		<i>(country)</i>	<i>(postal code)</i>
		_____	_____
		<i>(occupation)</i>	<i>(position held if officer)</i>

*The Societies Act requires that a notice of Directors be provided. Information regarding appointment of officers is supplementary.

Directors / Officers All directors / officers must be listed. Please type or print.

Check one or both: Director Officer

Name:

_____ (first name and middle initial) _____ (last name)

Residential address:

_____ (civic number and street) _____ (apt / suite / unit)

_____ (town or municipality) _____ (province or state)

_____ (country) _____ (postal code)

_____ (occupation) _____ (position held if officer)

Check one or both: Director Officer

Name:

_____ (first name and middle initial) _____ (last name)

Residential address:

_____ (civic number and street) _____ (apt / suite / unit)

_____ (town or municipality) _____ (province or state)

_____ (country) _____ (postal code)

_____ (occupation) _____ (position held if officer)

Check one or both: Director Officer

Name:

_____ (first name and middle initial) _____ (last name)

Residential address:

_____ (civic number and street) _____ (apt / suite / unit)

_____ (town or municipality) _____ (province or state)

_____ (country) _____ (postal code)

_____ (occupation) _____ (position held if officer)

*The Societies Act requires that a notice of Directors be provided. Information regarding appointment of officers is supplementary.

Directors / Officers

All directors / officers must be listed. Please type or print.

Check one or both: Director Officer

Name: _____
(first name and middle initial) *(last name)*

Residential Address: _____
(civic number and street) *(apt / suite / unit)*

_____ *(town or municipality)* _____ *(province or state)*

_____ *(country)* _____ *(postal code)*

_____ *(occupation)* _____ *(position held if officer)*

Check one or both: Director Officer

Name: _____
(first name and middle initial) *(last name)*

Residential Address: _____
(civic number and street) *(apt / suite / unit)*

_____ *(town or municipality)* _____ *(province or state)*

_____ *(country)* _____ *(postal code)*

_____ *(occupation)* _____ *(position held if officer)*

Check one or both: Director Officer

Name: _____
(first name and middle initial) *(last name)*

Residential Address: _____
(civic number and street) *(apt / suite / unit)*

_____ *(town or municipality)* _____ *(province or state)*

_____ *(country)* _____ *(postal code)*

_____ *(occupation)* _____ *(position held if officer)*

For office use only

Registry #:

Date filed:

*The Societies Act requires that a notice of Directors be provided. Information regarding appointment of officers is supplementary.

Nova Scotia Registry of Joint Stock Companies, PO Box 1529, Halifax, N.S., B3J 2Y4

Need help? Contact us at 902-424-7770 (toll-free in Nova Scotia: 1-800-670-4357) or at <http://www.gov.ns.ca/snsnr/forms/rjsc.stm>