



AMALGAMATION APPLICATION (SHORT)

BUSINESS CORPORATIONS ACT, sections 51.6 and 275

Telephone: 1 877 526-1526 www.bcreg.ca

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DO NOT MAIL THIS FORM to BC Registry Services 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

Freedom of Information and Protection of Privacy Act (FOIPPA): Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Business Corporations Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

A INITIAL INFORMATION - When the amalgamation is complete, your company will be a BC unlimited liability company.

What kind of company(ies) will be involved in this amalgamation?

(Check all applicable boxes.)

- BC company
BC unlimited liability company

B AMALGAMATION TYPE - Please indicate if this application is for a Vertical or Horizontal Amalgamation.

This is a vertical short form amalgamation under section 273 of the Business Corporations Act. The amalgamated company will adopt as its notice of articles, the notice of articles of the amalgamating holding BC unlimited liability company.

The name and incorporation number of the amalgamating holding company is:

Name: _____

Incorporation number: _____

OR

This is a horizontal short form amalgamation under section 274 of the Business Corporations Act. The amalgamated company will adopt as its notice of articles, the notice of articles of the amalgamating BC unlimited liability company the shares of which are not to be cancelled.

The name and incorporation number of the amalgamating company the shares of which are not to be cancelled is:

Name: _____

Incorporation number: _____

C AMALGAMATION STATEMENT - Please indicate the statement applicable to this amalgamation.

With Court Approval: This amalgamation has been approved by the court and a copy of the entered court order approving the amalgamation has been obtained and has been deposited in the records office of each of the amalgamating companies.

OR

Without Court Approval: This amalgamation has been effected without court approval. A copy of all of the required affidavits under section 277(1) have been obtained and the affidavit obtained from each amalgamating company has been deposited in that company's records office.

D AMALGAMATION EFFECTIVE DATE – Choose **one** of the following:

The amalgamation is to take effect at the time that this application is filed with the registrar.

YYYY / MM / DD

The amalgamation 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 filing of this application.

YYYY / MM / DD

The amalgamation is to take effect at _____ a.m. or p.m. Pacific Time on _____ being a date and time that is not more than ten days after the date of the filing of this application.

E AMALGAMATING COMPANIES

Enter the name of each amalgamating company below. For each company, enter the incorporation number. Attach an additional sheet if more space is required.

NAME OF AMALGAMATING COMPANY	BC INCORPORATION NUMBER
1.	
2.	
3.	
4.	
5.	

F CERTIFIED CORRECT – I have read this form and found it to be correct.

This form must be signed by an authorized signing authority for each of the amalgamating companies as set out in Item E.

NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE AMALGAMATING COMPANY	SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE AMALGAMATING COMPANY	DATE SIGNED YYYY / MM / DD
1.	X	
NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE AMALGAMATING COMPANY	SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE AMALGAMATING COMPANY	DATE SIGNED YYYY / MM / DD
2.	X	
NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE AMALGAMATING COMPANY	SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE AMALGAMATING COMPANY	DATE SIGNED YYYY / MM / DD
3.	X	
NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE AMALGAMATING COMPANY	SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE AMALGAMATING COMPANY	DATE SIGNED YYYY / MM / DD
4.	X	
NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE AMALGAMATING COMPANY	SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE AMALGAMATING COMPANY	DATE SIGNED YYYY / MM / DD
5.	X	