



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

Mailing Address: PO Box 9431 Stn Prov Govt
Victoria BC V8W 9V3

Courier Address: 200 - 940 Blanshard Street
Victoria BC V8W 3E6

Submitted by:
NAME

COMPANY

MAILING ADDRESS

CITY

PROV/STATE

POSTAL CODE/ZIP CODE

TELEPHONE

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

Filing Fee: \$100.00 (add an additional \$100.00 for a future effective date).

Please complete and mail this form to BC Registries and Online Services for filing with payment by cheque or money order made payable to the Minister of Finance, or provide the registry with authorization to debit the fee from your BC OnLine deposit account.

Please pay in Canadian dollars or in equivalent US funds.

INSTRUCTIONS:

The first step in converting a member-funded society to a BC company is to ensure the name for the company is available. Go to www.bcregistrynames.gov.bc.ca.

DEFINITIONS:

Member-Funded Society: A society whose constitution contains the statement: This society is a member-funded society. It is funded primarily by its members to carry on activities for the benefits of its members. On its liquidation or dissolution, this society may distribute its money and other property to its members.

A NAME OF COMPANY - Choose one of the following:

The name _____ is the name reserved for the company to be converted. The name reservation number is _____, OR

The member-funded society is to be converted to a company with a name created by adding "B.C. Ltd." after the incorporation number of the company.

B CONVERSION EFFECTIVE DATE - Choose one of the following:

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

YYYY/MM/DD

The conversion is to take effect at 12:01 a.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 conversion is to take effect at _____ a.m. or _____ p.m. Pacific Time on _____ being a date that is not more than ten days after the date of the filing of this application.

C AUTHORIZATION

YYYY/MM/DD

Authorized by Special Resolution dated:

NOTICE OF ARTICLES

A NAME OF COMPANY

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

B TRANSLATION OF NAME

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

C DIRECTOR NAME(S) AND ADDRESS(ES) – Enter the full name, delivery address and mailing address (if different) of ALL of the company’s directors. 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.

FIRST NAME	MIDDLE NAME	LAST NAME			
DELIVERY ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
MAILING ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

FIRST NAME	MIDDLE NAME	LAST NAME			
DELIVERY ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
MAILING ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

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FIRST NAME	MIDDLE NAME	LAST NAME			
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FIRST NAME	MIDDLE NAME	LAST NAME			
DELIVERY ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
MAILING ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

D REGISTERED OFFICE ADDRESSES

Set out the delivery address and mailing address of the registered office proposed for the company.

DELIVERY ADDRESS - (PO Box is not accepted. Postal code is required.)

CITY

Prov. POSTAL CODE

BC

MAILING ADDRESS

CITY

Prov. POSTAL CODE

BC

E RECORDS OFFICE ADDRESSES

DELIVERY ADDRESS - (PO Box is not accepted. Postal code is required.)

CITY

Prov. POSTAL CODE

BC

MAILING ADDRESS

CITY

Prov. POSTAL CODE

BC

F AUTHORIZED SHARE STRUCTURE

Identifying name of class or series of shares.	Maximum number of shares of this class or series of shares that the company is authorized to issue, or indicate there is no 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?	
	THERE IS NO MAXIMUM	MAXIMUM NUMBER OF SHARES AUTHORIZED	WITHOUT PAR VALUE	WITH A PAR VALUE OF \$	TYPE OF CURRENCY	YES	NO

G CERTIFIED CORRECT - I have read this form and found it to be correct.

Note: It is an offence to make a false or misleading statement in respect of a material fact in a record submitted to the Corporate Registry for filing.
See section 427 of the Business Corporations Act.

 NAME OF AUTHORIZED SIGNING AUTHORITY
 FOR THE MEMBER-FUNDED SOCIETY

SIGNATURE

DATE SIGNED (YYYY MM DD)

X