



**PROVINCE OF
BRITISH COLUMBIA**

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**Eligible Business Corporation
 ADDITIONAL EQUITY
 APPLICATION**

Freedom of Information and Protection of Privacy Act (FIPPA) The information collected on this form is collected under the authority of the *Small Business Venture Capital Act*, RSBC 1996 c. 429 (Act) and is subject to the provisions of the FIPPA. The personal information will be used for the administration of the Act and the issuance of tax credits.
 For more information regarding this form and the FIPPA please contact the Investment Capital Branch, PO Box 9800 Stn Prov Govt, Victoria, BC V8W 9W1

Name of EBC and full mailing address	Contact person:	
	E-mail address:	
Postal Code	Telephone ()	Fiscal year end date (month/day)
	Fax Number ()	

To date Equity capital raised through this program under prior equity capital authorizations	\$
Additional equity capital authorization requested in this application	\$ _____
Total equity capital authorization	\$ _____

CERTIFICATION

I understand my responsibilities and obligations as set out under the *Small Business Venture Capital Act* and *Regulations* and understand that it is an offence and it may expose me to personal liability to make a false or misleading statement in this application and attached reports.

I am a Director or Officer of the EBC applying for additional equity authorization and to the best of my knowledge, the EBC is in compliance with the *Act* and *Regulations*. I am duly authorized to execute this report.

I acknowledge that in raising equity capital that the EBC is required to comply with the *Securities Act* of British Columbia.

 Director or Officer

 Signature

 Date

 Phone

 E-Mail