



**PROVINCE OF  
BRITISH COLUMBIA**

Toll Free: (800) 665-6597  
Phone: (250) 952-0136  
Email: [esop@tbc.gov.bc.ca](mailto:esop@tbc.gov.bc.ca)

**Employee Share Ownership Plan  
Notes On  
Registration Application**

*Freedom of Information and Protection of Privacy Act (FIPPA)* The information collected on this form is collected under the authority of the *Employee Investment Act*, RSBC 1996 c. 112 (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, Box 9800 Stn Prov Govt, Victoria, B.C. V8W 9W1

Amount Raised Through Employee Share Ownership Arrangements During the Past Two Years:

See Section 3(d) of the Act.

Calculation Period:

See Section 6(2) of the Regulation.

Eligible Employee:

See Section 1(1) of the Act and Section 1(5) of the Regulation.

Offences:

See Section 42 of the Act.

Salaries and Wages Paid in British Columbia:

See Section 3(b) of the Act and Section 6(1) of the Regulation.

Share Valuation Formula and Calculation or Opinion:

See Section 4(1)(f) of the Act and Section 10(1) of the Regulation.

Third Party Liability:

See Section 32 of the Act.

Total Assets of the Corporation and Affiliates:

The total assets referred to in Section 3(c) of the Act shall be based on the total assets and calculated in accordance with generally accepted accounting principles on a consolidated or combined basis. Where applicable, see definition of "affiliate" under Section 1(1) of the Act.

This form and all attachments must be mailed or couriered directly to:

Attention: Administrator  
Investment Capital Branch  
Employee Share Ownership Program  
PO Box 9800 Stn Prov Govt  
Victoria BC V8W 9W1

Toll Free: (800) 665-6597  
Phone: (250) 952-0136  
Email: [esop@tbc.gov.bc.ca](mailto:esop@tbc.gov.bc.ca)  
Web: [www.equitycapital.gov.bc.ca](http://www.equitycapital.gov.bc.ca)



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The information provided in this Application will be used to determine a corporation's eligibility to register an Employee Share Ownership Plan and to determine eligibility to apply for cost-sharing reimbursement under the *Employee Investment Act*. This form is the lead document to which all other supporting documentation required for a complete application package will be attached.

**SECTION 1 – TO BE COMPLETED BY DIRECTOR OR OFFICER OF THE CORPORATION**

Corporation Name		Principal Place of Business	
Operating Name		Registered Address	
Contact Name	Contact Phone No.		
Contact Address		Mailing Address	
NAICS	Jurisdiction of Incorporation	Fiscal Year End (MM / DD) /	
Name of Certified Employee Group and Contact Name		Total No. of Employees	No. of Eligible Employees

**SECTION 2 – FINANCIAL DATA**

Total salaries and wages paid to employees	\$
Salaries and wages paid in British Columbia	\$
Total consolidated assets of the corporation and affiliates	\$
Amount of equity raised through any share sales to employees in the preceding 2 years	\$
Equity intended to be raised under this Application	\$

**SECTION 3 – ATTACHMENT**

Employee Share Ownership Plan  
 Share Offering Document  
      Share valuation method  
      Share valuation calculation  
      Securities law resale restrictions  
 Notarially certified true copy of Constitutional Documents (A&M, Cert. of Incorporation, Amendments, etc.)  
 Director's resolution to adopt Employee Share Ownership Plan  
 Financial statements (most recent year-end and interim)  
 Escrow Agreement (3 signed originals, or 4 if shares are to be kept electronically or in book position)

**SECTION 4 – CERTIFICATION**

I have read sections 32 and 42 of the Employee Investment Act, and I understand that it is an offense and that it may expose me to personal liability to make a false or misleading statement in this Registration Application. I certify that I am a Director or Officer of the corporation duly authorized to execute this Application, and to the best of my knowledge all statements made and information provided in this application and attachments are true, correct, and complete.

Date	Position	Print Name	Signature
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**SECTION 5 – GOVERNMENT USE**

Portfolio Manager	Date Received	Date Reviewed	ESOP / EVCC No.
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