



PROVINCE OF BRITISH COLUMBIA

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

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 VCC applying for additional equity authorization and to the best of my knowledge, the VCC 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 VCC is required to comply with the Securities Act of British Columbia.
Director or Officer Signature Date
Phone E-Mail