

Extraprovincial Cooperative Association

REGISTRATION STATEMENT

COOPERATIVE ASSOCIATION ACT, section 181

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 Cooperative Association 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

V8W 9V3.

1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

Telephone: 1877 526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Courier Address: 200 – 940 Blanshard Street www.bcreg.ca Victoria BC V8W 9V3 Victoria BC V8W 3E6

INSTRUCTIONS:

Please type or print clearly in block letters and ensure that the form is signed and dated in ink.

- An extraprovincial corporation must apply for a name approval and reservation Item A prior to registering in BC as an extraprovincial cooperative association. The name reserved must be the extraprovincial corporation's own name in its current jurisdiction. Enter the full name of the extraprovincial corporation exactly as shown on the name reservation.
- Item F Head Office address within British Columbia must be a complete physical location. You may include general delivery, post office box, rural route, site or comp. number as part of the address, but the Corporate Registry cannot accept this information as complete address. You must also include a postal code. If the area does not have street names or numbers, provide a description that would readily allow a person to locate you (e.g. 4 miles east on Howard Road, left hand side near the Church, Creston, BC).
- Item G An extraprovincial corporation registered as an extraprovincial cooperative association, unless under its charter its head office is in British Columbia, must have one or more attorneys. Each attorney for an extraprovincial cooperative association must be either:
 - an individual who is resident in British Columbia, OR
 - a company incorporated in British Columbia.

	Refer to Item F regarding information on addresses.		
tem I	Refer to Item F regarding information on addresses.		
tem K	Every attorney appointed for service must sign the statement in the presence of a witness.		
chequ egistry	ee: \$250.00 Submit this form, along with the other required documents, with e or money order made payable to the Minister of Finance, or provide the with authorization to debit the fee from your BC OnLine Deposit Account. pay in Canadian dollars or in the equivalent amount of US funds.		
A FULI	NAME OF EXTRAPROVINCIAL CORPORATION		
B DAT	E OF INCORPORATION OR AMALGAMATION YYYYY / MM / DD		
C JUR	SDICTION OF INCORPORATION		
	CRIBE THE BUSINESS THAT THE CORPORATION WILL CARRY ON IN BRITISH COLUMBIA oration	A – State briefly, do not des	cribe all the objects of the
FULI	ADDRESS OF THE HEAD OFFICE OUTSIDE OF BRITISH COLUMBIA		
		PROVINCE	POSTAL CODE
F PHY	SICAL LOCATION OF THE HEAD OFFICE WITHIN BRITISH COLUMBIA		
_		PROVINCE	POSTAL CODE
		ВС	
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ATTORNEY(S) FOR SERV AST NAME		FIRST NAME	MIDDLE NAM	MIDDLE NAME	
HYSICAL LOCATION ADDR	ESS				
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			BC	. 33.712 0002	
ULL ADDRESS					
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OR, If attorney is a corpo	ration, state corporation na	me in full as well as complete registered of	ffice addresses in British C	olumbia	
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DELIVERY ADDRESS OF THI	E COMPANY'S REGISTERED OF	FICE			
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			ВС		
MAILING ADDRESS OF THE	COMPANY'S REGISTERED OFF	CE	I	1	
			PROVINCE	POSTAL CODE	
			ВС		
Additional Attorney - If LAST NAME - If applicable	appointed	FIRST NAME	MIDDLE NAM	E	
LAGI NAME — II applicable		· ···	<u> </u>		
PHYSICAL LOCATION ADDR	ESS				
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MAILING ADDRESS OF THE	COMPANY'S REGISTERED OFF	CE			
			PROVINCE	POSTAL CODE	
			ВС		
		vo attorneys, please attach a separate pi			
LIST THE CHARTER DOC the corporation's current		ROVINCIAL CORPORATION – Attach copies	s, verified by a notary or by	the proper authority	
DATE YYYY / MM / DD		DOCUMENT			

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space is required LAST NAME	FIRST	NAME		MIDDLE NAME	
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FULL ADDRESS					
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NAME OF AUTHORIZED SIGNING AUTHORITY F				ORPORATION	DATE SIGNED YYYY / MM / DI
NAME OF AUTHORIZED SIGNING AUTHORITY F SIGNATURE	FOR THE EXTRAPROVINCIAL C	ORPORATION RELATIONSHIP TO E	XTRAPROVINCIAL C		YYYY / MM / DI
	FOR THE EXTRAPROVINCIAL C	ORPORATION RELATIONSHIP TO E	XTRAPROVINCIAL C		YYYY / MM / DI
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Every attorney listed in Item G must, in the presence of a witness, sign Form 13 XCA as evidence of consent to act as attorney. If additional space is needed to enter more than two attorneys, please attach a separate piece of paper.

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