



**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 Venture Capital Tax Credit Program, PO Box 9800 Stn Prov Govt, Victoria, BC V8W 9W1

ELIGIBLE BUSINESS CORPORATION INFORMATION

| | |
|--|-----------------------------------|
| Full Name of the Eligible Business Corporation (EBC) | Fiscal Year End Date (dd/mm) / |
| | Contact Person |
| | Email |
| | Telephone () |
| Full Mailing Address (including postal code) | |
| | |
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|---|------|
| Tax Budget Year (tax budget year runs from January 1 st to December 31 st) | 2024 |
| Equity capital raised to date through this program under prior equity capital authorizations | \$ |
| Additional equity capital authorization requested in this application | \$ |
| Total equity capital authorization (equity capital raised + additional equity capital requested) | \$ |

CERTIFICATION

I understand my responsibilities and obligations as set out under the *Small Business Venture Capital Act* and *Regulation* 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 eligible business corporation 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 eligible business corporation is required to comply with the *Securities Act* of British Columbia.

Director or Officer

Signature

Date

Telephone ()

Email