

COOPERATIVE ASSOCIATION

CORPORATE REGISTER CORRECTION

Cooperative Association Act

Telephone: 1 877 526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Courier Address: 200 – 940 Blanshard Street 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.

The Corporate Register Correction application is to be used to correct some types of errors in a record that was filed with the registrar such as spelling or typographical errors in the directors names and or addresses. Please contact BC Registries and Online Services to confirm the types of corrections this form can be used for.

- **Item B** Enter the name exactly as shown on the Certificate of Incorporation, Registration, Amalgamation, Continuation, or Change of Name.
- **Item C** Indicate the record to be amended and the date and time that record was filed. Enter the reason for the amendment and what the record stated at the time of filing.

For example: Change of Directors, filed November 23, 2023,

Director's name spelled incorrectly – John Smith should have read John Smythe.

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 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3

Filing Fee: \$20.00

Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the registry with authorization to debit the fee from your BC OnLine Deposit Account. Please pay in Canadian dollars or in the equivalent amount of US funds.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

Α	INCORPORATION NUMBER						
В	NAME OF COOPERATIVE ASSOCIATION						
С	RECORD TO BE AMENDED						
	Name of Record to be Amended						
	YYYY / MMM / DD Filed Date:	and Time:	a.m. or	p.m. Pacific	Time		
	Reason for Amendment:						
D	COMPLETING PARTY						
	FIRST NAME	MIDDLE NAME		LAST N	IAME		
	MAILING ADDRESS		CITY	P	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
E	CERTIFICATION - I certify that I have rel	evant knowledge of the	cooperative association	and that I	am authorized	to make this f	filing
	Note: It is an offence to make a false or misleading st See section 200 of the Cooperative Association					to make tills i	iiiiig.
NAME			SIGNATURE				DATE SIGNED (YYYY/MMM/DD)
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