

## APPLICATION TO CORRECT THE CORPORATE REGISTER

## FORM 47S BC SCHOOL DISTRICT BUSINESS COMPANY

Telephone: 1 877 526-1526 www.bcregistryservices.gov.bc.ca	Mailing Address:	PO Box 9431 Stn Prov Go Victoria BC V8W 9V3	byt Location:	200 – 940 Blanshard Street Victoria BC V8W 3E6
INSTRUCTIONS:				
Please type or print clearly in block is signed and dated in ink.	cletters and ensure	e that the form		
The Application to Correct the Corporate Register form is to be used to correct some types of information in a record that was filed with the registrar. <b>Future Effective Dates:</b> If a record has a future effective date and an error is found before the specified date and time of the filing, the record must be withdrawn, corrected and re-filed. Please phone 1 877 526-1526 for information on how to file these notices.			<b>Freedom of Information and Protection of Privacy Act</b> (FOIPPA) – Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA, and the Business Corporations Act for the purpose of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Executive Coordinator of the BC Registry Services at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.	
Item C Indicate the record to be am record was filed. Enter the rewhat the record stated at the of Change of Directors, filed name spelled incorrectly - Jo Smythe.	reason for the amen time of filing. For e November 23, 2004	dment including example: Notice 4, Director's		
Item D If the applicant is a corporati corporation or firm.	on or firm, enter the	full name of the		
Item E The applicant must be an au company. If the applicant is be signed by an authorized corporation or firm.	a corporation or firm	n, this form must		
Filing Fee: \$20.00 Submit this form made payable to the Ministe with authorization to debit th Account. Please pay in Car amount of US funds.	r of Finance, or prov e fee from your BC	vide the registry OnLine Deposit		
A INCORPORATION NUMBER OF CON	IPANY	·		
B NAME OF COMPANY				
C RECORD TO BE AMENDED				
Name of Record to be Amended	:			
YYYY / MM / DI				
Filed Date:	and Tim	e a.m. or	p.m. Pacific Time	
Reason for Amendment:				
D FULL NAME OF APPLICANT				
LAST NAME		FIRST NAME	MIDDLE NA	ME
CORPORATION OR FIRM NAME				
E CERTIFIED CORRECT – I have re NAME OF APPLICANT	S	SIGNATURE OF APPLICANT		DATE SIGNED YYYY / MM / DD
		×		