



PROVINCE OF BRITISH COLUMBIA

Toll Free: 1-800-665-6597
Phone: (250) 952-0136
Fax: (250) 952-0371
Email: InvestmentCapital@gov.bc.ca

NOTES ON REGISTRATION APPLICATION EMPLOYEE SHARE OWNERSHIP PLAN

Freedom of Information and Protection of Privacy Act (FIPPA) The information collected on this form is collected under the authority of the **Employee Investment Act, RSBC 1996 c. 112** (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, Box 9800 Stn Prov Govt, Victoria, B.C. V8W 9W1**

Amount Raised Through Employee Share
Ownership Arrangements During the Past Two
Years:

See Section 3(d) of the Act.

Calculation Period:

See Section 6(2) of the Regulation.

Eligible Employee:

See Section 1(1) of the Act and Section 1(5)
of the Regulation.

Offences:

See Section 42 of the Act.

Salaries and Wages Paid in British Columbia:

See Section 3(b) of the Act and Section 6(1)
of the Regulation.

Share Valuation Formula and Calculation or
Opinion:

See Section 4(1)(f) of the Act and Section
10(1) of the Regulation.

Third Party Liability:

See Section 32 of the Act.

Total Assets of the Corporation and Affiliates:

The total assets referred to in Section 3(c)
of the Act shall be based on the total assets
and calculated in accordance with generally
accepted accounting principles on a
consolidated or combined basis. Where
applicable, see definition of "affiliate" under
Section 1(1) of the Act.

This form and all attachments must be mailed or couriered directly to the following address:

Attention: Administrator
Venture Capital Tax Credit Program
Employee Share Ownership Program
PO Box 9800, Stn Prov Govt
Victoria, British Columbia V8W 9W1

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The information provided in this Application will be used to determine a corporation's eligibility to register an Employee Share Ownership Plan and to determine eligibility to apply for cost-sharing reimbursement under the *Employee Investment Act*. This form is the lead document to which all other supporting documentation required for a complete application package will be attached.

SECTION 1 – TO BE COMPLETED BY DIRECTOR OR OFFICER OF THE CORPORATION

| | | | |
|---|-------------------|-------------------------------|--------------------------------|
| Corporation Name | | Principal Place of Business | |
| Operating Name | | Registered Address | |
| Contact Name | Contact Phone No. | | |
| Contact Address | | Mailing Address | |
| NAICS | | Jurisdiction of Incorporation | Fiscal Year End (MM / DD) / |
| Name of Certified Employee Group and Contact Name | | Total No. of Employees | No. of Eligible Employees |

SECTION 2 – FINANCIAL DATA

| | |
|---|----|
| Total salaries and wages paid to employees | \$ |
| Salaries and wages paid in British Columbia | \$ |
| Total consolidated assets of the corporation and affiliates | \$ |
| Amount of equity raised through any share sales to employees in the preceding 2 years | \$ |
| Equity intended to be raised under this Application | \$ |

SECTION 3 – ATTACHMENT

| |
|---|
| <input type="checkbox"/> Employee Share Ownership Plan |
| <input type="checkbox"/> Share Offering Document |
| <input type="checkbox"/> Share valuation method |
| <input type="checkbox"/> Share valuation calculation |
| <input type="checkbox"/> Securities law resale restrictions |
| <input type="checkbox"/> Notarially certified true copy of Constitutional Documents (A&M, Cert. of Incorporation, Amendments, etc.) |
| <input type="checkbox"/> Director's resolution to adopt Employee Share Ownership Plan |
| <input type="checkbox"/> Financial statements (most recent year-end and interim) |
| <input type="checkbox"/> Escrow Agreement (3 signed originals, or 4 if shares are to be kept electronically or in book position) |

SECTION 4 – CERTIFICATION

I have read sections 32 and 42 of the *Employee Investment Act*, and I understand that it is an offense and that it may expose me to personal liability to make a false or misleading statement in this Registration Application. I certify that I am a Director or Officer of the corporation duly authorized to execute this Application, and to the best of my knowledge all statements made and information provided in this application and attachments are true, correct, and complete.

| | | | |
|------|----------|------------|-----------|
| Date | Position | Print Name | Signature |
|------|----------|------------|-----------|

SECTION 5 – GOVERNMENT USE

| | | | |
|-------------------|---------------|---------------|-----------------|
| Portfolio Manager | Date Received | Date Reviewed | ESOP / EVCC No. |
|-------------------|---------------|---------------|-----------------|