

Society

AMALGAMATION APPLICATION

SOCIETIES ACT, section 87

Telephone: 1 877 526-1526 Mailing Address: www.gov.bc.ca/societies	PO Box 9431 Stn Prov Govt Courier Address: 200 – 940 Blanshard Street Victoria BC V8W 9V3 Victoria BC V8W 3E6
Submitted by: NAME COMPANY	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 Societies 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
MAILING ADDRESS	
CITY	
PROV/STATE POSTAL CODE/ZIP CODE	Item E & F Constitution and Bylaws Once this form has been mailed,
TELEPHONE	you are required to email copies of the following in an electronic format: • the society's constitution. • the society's bylaws (If you are adopting the Model Bylaws without
Filing Fee: \$100.00 Please complete and mail this form to BC Registries and Online Ser for filing with payment by cheque or money order made payable to the Minister of Finance, or provide the registry with authorization to debit fee from your BC OnLine deposit Account. Please pay in Canadian or so in the paying least 100 feet from the control of the service least 100 feet from the control of the service least 100 feet from the control of the service least 100 feet from the control of the service least 100 feet from the control of the service least 100 feet from the control of the service least 100 feet from the control of the service least 100 feet from the control of the service least 100 feet from the service least 100 fe	the subject line of the email. This will help us to match this form with your email. Send the email to BCRegistries@gov.bc.ca . Definitions:
or in the equivalent US funds. INSTRUCTIONS: Please review our webpage www.gov.bc.ca/Soc for information on completing an Amalgamation Application.	share capital, that is incorporated, amalgamated, continued or otherwise formed by or under the laws of a jurisdiction other than British Columbia. Home jurisdiction, in relation to an extraprovincial non-share
Item A Name Reservation The first step in amalgamation is to enthe name for the society is available (unless the name of one of the amalgamating societies will be adopted). Go to www.bcregistrynagov.bc.ca. Once your name has been approved, enter the name reserved for the society and the name reservation number.	corporation is incorporated, amalgamated, continued or otherwise formed.
 RESTRICTIONS: A pre-transition society must not amalgamate with anot A society must not amalgamate with another corporation that is not a society. 	ther corporation. to form a corporation in a jurisdiction other than British Columbia or a corporation
A NAME OF SOCIETY Choose one of the following:	
The name reserved for the amalgamated society is	
under the name reservation number	
The amalgamated society is to adopt as its name, the name of	of one of the amalgamating societies

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Incorporation Number or Business Number of the amalgamating society:

AMALGAMATING CORPORATION

Enter the name of each amalgamating corporation below. For each amalgamating corporation that is a BC society, enter its incorporation number.

For each amalgamating corporation that is an extraprovincial non-share corporation, enter its home jurisdiction and, if the extraprovincial non-share corporation is registered in BC its registration number. Attach an additional sheet if more space is required.

	NAME OF AMALGAMATING CORPORATION	BC INCORPORATION NUMBER OR EXTRAPROVINCIAL REGISTRATION NUMBER IN BC OR BUSINESS NUMBER (BN9)	HOME JURISDICTION	MEMBER FUNDED BO SOCIETY Y/N
1)				
2)				
3)				
4)				
5)				
6)				
			•	•

C SPECIAL RESOLUTION

This is to confirm that each amalgamating society has adopted the amalgamation agreement by special resolution required under section 88.

D FORMALITIES TO AMALGAMATION

For each amalgamating corporation that is an extraprovincial non-share corporation, attach an authorization for the amalgamation from the extraprovincial non-share corporation's home jurisdiction to this form (see section 87 of the *Societies Act*).

E CONSTITUTION - PURPOSES OF THE SOCIETY

The constitution must be submitted by email in an electronic format to BCRegistries@gov.bc.ca.

Does your society qualify and want to become a Member-Funded Society? Yes No

If yes, the following provision will be added to the society's constitution:

This society is a member funded society. It is funded primarily by its members to carry on activities for the benefit of its members. On its liquidation or dissolution, this society may distribute its money and other property to its members.

If any of the amalgamating corporations is not a member-funded society, a copy of the entered court order authorizing the amalgamation as a member-funded society must be attached to this form. (See section 194 of the Societies Act.)

BYLAWS

Select one of the following options:

We have created our own bylaws and will submit by email in an electronic format to BCRegistries@gov.bc.ca.

Note: Your bylaws will be uploaded and converted to a PDF file. Retain your original plain text version to refer to when making future alterations.

Adopt the Model Bylaws without change.

PRIMARY EMAIL ADDRESS	ALTERNATE EMAIL ADDRESS		
MAILING ADDRESS	CITY	Prov.	POSTAL CODE
REGISTERED OFFICE ADDRESSES DELIVERY ADDRESS - (PO Box is not accepted, Postal code required.)	CITY	Prov.	POSTAL CODE

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H DIRECTORS

- A society must have a minimum of three directors (individuals) and at least one must be ordinarily resident in BC.
- Member-funded society must have at least one director who is not required to reside in BC.
- Director addresses must be a physical address. Post office box alone is not accepted.
- Full names of directors are required, initials only are not accepted.
- Attach additional sheet if more space is required.

FIRST NAME	MIDDLE NAME		LAST NAME		
DELIVERY ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
FIRST NAME	MIDDLE NAME		LAST NAME		
DELIVERY ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
FIRST NAME	MIDDLE NAME		LAST NAME		
DELIVERY ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
FIRST NAME	MIDDLE NAME		LAST NAME		
DELIVERY ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
FIRST NAME	MIDDLE NAME		LAST NAME		
DELIVERY ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
FIRST NAME	MIDDLE NAME		LAST NAME		
DELIVERY ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
CERTIFICATION - I certify that					
Note: It is an offence to make a false o	r misleading statement in respect	of a material fact in a rec	ord submitted to the Corp	orate Registry for filing	
NAME		X	TURE		DATE SIGNED (YYYY MM DD)
DELIVERY METHOD - Choose	e one delivery method for rether Email	eceipt of the society's	s certified documents	i.	
A	ddress				
	ntact Person			Telephone	
By Mail to Registered Office	e Mailing Address				
By Mail to another address	. Please specify.				
MAILING ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

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