Extraprovincial Cooperative Association **BC**Registry DIRECTOR CHANGE Services COOPERATIVE ASSOCIATION ACT, section 181.41 Telephone: 1 877 526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Courier Address: 200 – 940 Blanshard Street Victoria BC V8W 3E6 Victoria BC V8W 9V3 www.bcreg.ca A REGISTRATION NO. OF COOPERATIVE ASSOCIATION Instructions: Please type or print clearly and ensure that the form is signed and dated in ink. Complete all areas of XP the form. Attach an additional sheet if more space is required. Item A Enter the registration number of the cooperative association. This number is located in the upper OFFICE USE ONLY - DO NOT WRITE IN THIS AREA right-hand corner of the Certificate of Registration, Amalgamation, Continuation or Change of Name. Item B Enter the cooperative association's name exactly as shown on the Certificate of Registration, Amalgamation, Continuation or Change of Name. Item C Enter the date of change of directors. Item D Enter the last name, first name and any initials of the new directors appointed or elected. Item E Enter the last name, first name and any initials of the persons who have ceased to be directors. Item F Enter the last name, first name, any initials and residential address of all the directors of the association as at the date of change listed in Item C. The residential address of a director must be a complete physical address. You may include general delivery, post office box, rural route, site or comp. number as part of the address, but the Corporate Registry cannot accept this information as a complete address. You must also include a postal code. If an area does not have street names or numbers, provide a description that would readily allow a person to locate the director. Note: One director must be ordinarily resident in British Columbia and a Freedom of Information and Protection of Privacy Act majority of the directors must be individuals ordinarily resident in Canada. (FOIPPA): Personal information provided on this form is Item G An individual who has ceased being a director cannot sign this form. collected, used and disclosed under the authority of the If changes occurred on more than one date, you must complete a separate Notice of Change of FOIPPA and the Cooperative Association Act for the pur-Directors form for each date. poses of assessment. Questions regarding the collection, Filing fee: \$20.00. Submit this form with a cheque or money order made payable to the Minister of use and disclosure of personal information can be directed Finance, or provide the Corporate Registry authorization to debit the fee from your BC OnLine Deposit to the Manager of Registries Operations at 1 877 526-1526, Account. Please pay in Canadian dollars or in the equivalent amount of U.S. funds. PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3. **B** NAME OF COOPERATIVE ASSOCIATION C DATE OF YYYY / MM / DD CHANGE OF DIRECTORS D Full names of new directors appointed or elected: LAST NAME FIRST NAME AND INITIALS (IF ANY) E Full names of persons who have **ceased** to be directors:

LAST NAME FIRST NAME AND INITIALS (IF ANY)

## F Full names and addresses of all the directors of the association as at the date of change listed in Item C. Attach an additional sheet if more space is required.

LAST NAME	FIRST NAME AND INITIALS (IF ANY)	RESIDENTIAL ADDRESS (INCLUDE POSTAL CODE)	
		t <b>to be correct.</b> SIGNATURE OF CURRENT DIRECTOR, OFFICER OR SOLICITOR OF THE ASSOCIATION	DATE SIGNED YYYY / MM / DD
		x	

