Telephone: 1877 526-1526
www.bcreg.ca

Mailing Address: PO Box 9431 Stn Prov Govt
Victoria BC V8W 9V3
$\begin{array}{ll}\text { Courier Address: } & 200-940 \text { Blanshard Street } \\ & \text { Victoria BC V8W 3E6 }\end{array}$

## Instructions:

Please type or print clearly and ensure that the form is signed and dated in ink. Complete all areas of 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 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 majority of the directors must be individuals ordinarily resident in Canada.
Item G An individual who has ceased being a director cannot sign this form.
If changes occurred on more than one date, you must complete a separate Notice of Change of Directors form for each date.
Filing fee: $\$ \mathbf{2 0 . 0 0}$. Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the Corporate Registry authorization to debit the fee from your BC OnLine Deposit Account. Please pay in Canadian dollars or in the equivalent amount of U.S. funds.

NAME OF COOPERATIVE ASSOCIATION

A REGISTRATION NO. OF COOPERATIVE ASSOCIATION XP

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

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 1877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

Full names of new directors appointed or elected:
LAST NAME

DATE OF
CHANGE OF
DIRECTORS

YYYY / MM / DD

| LAST NAME | FI |
| :--- | :--- |
|  |  |
|  |  |
|  | Full names of persons who have ceased to be directors: |

FIRST NAME AND INITIALS (IFANY)

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 <br> INITIALS (IFANY) |  |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

