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Location: 200 - 940 Blanshard Street
Victoria BC V8W 3E6

INSTRUCTIONS:

Please type or print clearly in block letters and ensure that the form is signed and dated in ink.

- Item A An extraprovincial corporation must apply for a name approval and reservation prior to registering in BC as an extraprovincial cooperative association.
Item F Head Office address within British Columbia must be a complete physical location.
Item G An extraprovincial corporation registered as an extraprovincial cooperative association, unless under its charter its head office is in British Columbia, must have one or more attorneys.
Item I Refer to Item F regarding information on addresses.
Item K Every attorney appointed for service must sign the statement in the presence of a witness.

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.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

Filing fee: \$250.00 Submit this form, along with the other required documents, with a cheque or money order made payable to the Minister of Finance, or provide the registry with authorization to debit the fee from your BC OnLine Deposit Account.

A FULL NAME OF EXTRAPROVINCIAL CORPORATION

B DATE OF INCORPORATION OR AMALGAMATION

Form box for date of incorporation with placeholder text YYYY / MM / DD

C JURISDICTION OF INCORPORATION

D DESCRIBE THE BUSINESS THAT THE CORPORATION WILL CARRY ON IN BRITISH COLUMBIA - State briefly, do not describe all the objects of the corporation

E FULL ADDRESS OF THE HEAD OFFICE OUTSIDE OF BRITISH COLUMBIA

Form boxes for PROVINCE and POSTAL CODE

F PHYSICAL LOCATION OF THE HEAD OFFICE WITHIN BRITISH COLUMBIA

Form boxes for PROVINCE and POSTAL CODE, with 'BC' pre-filled in the province box

I FULL NAMES AND ADDRESSES OF ALL DIRECTORS OF THE EXTRAPROVINCIAL CORPORATION – Attach an additional sheet if more space is required

LAST NAME	FIRST NAME	MIDDLE NAME		
FULL ADDRESS				
			PROVINCE	POSTAL CODE
LAST NAME	FIRST NAME	MIDDLE NAME		
FULL ADDRESS				
			PROVINCE	POSTAL CODE
LAST NAME	FIRST NAME	MIDDLE NAME		
FULL ADDRESS				
			PROVINCE	POSTAL CODE
LAST NAME	FIRST NAME	MIDDLE NAME		
FULL ADDRESS				
			PROVINCE	POSTAL CODE

J CERTIFIED CORRECT – I have read this form and found it to be correct.

NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE EXTRAPROVINCIAL CORPORATION

SIGNATURE X	RELATIONSHIP TO EXTRAPROVINCIAL CORPORATION	DATE SIGNED YYYY / MM / DD
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K CONSENT – I hereby consent to act as attorney of the above mentioned extraprovincial corporation.

NAME OF ATTORNEY

SIGNATURE OF ATTORNEY OR AUTHORIZED SIGNING OFFICER IF ATTORNEY IS A CORPORATION X	CITY	DATE SIGNED YYYY / MM / DD
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WITNESS' INFORMATION
NAME OF WITNESS (To attorney's signature)

SIGNATURE X	CITY	DATE SIGNED YYYY / MM / DD
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Additional Attorney - If appointed

NAME OF ATTORNEY

SIGNATURE OF ATTORNEY OR AUTHORIZED SIGNING OFFICER IF ATTORNEY IS A CORPORATION X	CITY	DATE SIGNED YYYY / MM / DD
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WITNESS' INFORMATION
NAME OF WITNESS (To attorney's signature)

SIGNATURE X	CITY	DATE SIGNED YYYY / MM / DD
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Every attorney listed in Item G must, in the presence of a witness, sign Form 13 as evidence of consent to act as attorney. If additional space is needed to enter more than two attorneys, please attach a separate piece of paper.