



Telephone: 1 877 526-1526
Email: bcregistry@gov.bc.ca

Mailing Address: PO Box 9431 Stn Prov Govt
Victoria BC V8W 9V3

Courier Address: 200 – 940 Blanshard Street
Victoria BC V8W 3E6

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 Business Corporations Act for the purposes of assessment.

DO NOT MAIL THIS FORM to BC Registry Services unless you are instructed to do so by registry staff. The Regulation under the Business Corporations Act requires the electronic version of this form to be filed on the Internet at bcregistry.ca/business

1. DEFINE YOUR COMPANY

Benefit Company Statement -This company is a benefit company and, as such, is committed to conducting its business in a responsible and sustainable manner and promoting one or more public benefits.

A NAME OF COMPANY – Choose one of the following:

- The name \_\_\_\_\_ is the name reserved for the company to be incorporated. The name reservation number is \_\_\_\_\_, OR
The company is to be incorporated with a name created by adding “B.C. Ltd.” after the incorporation number of the company.

B TRANSLATION OF COMPANY NAME

Set out every translation of the company name that the company intends to use outside of Canada.

C REGISTERED OFFICE ADDRESSES

Table with 4 columns: MAILING ADDRESS, PROVINCE, COUNTRY, POSTAL CODE. Values: BC, Canada.

D RECORDS OFFICE ADDRESSES

SAME AS REGISTERED OFFICE

Table with 4 columns: MAILING ADDRESS, PROVINCE, COUNTRY, POSTAL CODE. Values: BC, Canada.

E REGISTERED OFFICE INFORMATION - to be used to communicate with the company in the future (sending documents and notifications)

EMAIL PHONE NUMBER (OPTIONAL)

## 2. PEOPLE AND ROLES

### F COMPLETING PARTY – The completing party must be an individual, not a corporation or a firm.

FIRST NAME

MIDDLE NAME

LAST NAME

### G ROLES - SELECT ALL THAT APPLY



COMPLETING PARTY



INCORPORATOR



DIRECTOR

### H MAILING ADDRESS OF COMPLETING PARTY

MAILING ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

DELIVERY ADDRESS *CANNOT BE A POST OFFICE BOX*

SAME AS MAILING ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

### I DIRECTOR NAME(S) AND ADDRESS(ES)

Set out the full name, mailing address and delivery address of every director of the company. The director may select to provide either (a) the delivery address and, if different, the mailing address for the office at which the individual can usually be served with records between 9 a.m. and 4 p.m. on business days or (b) the delivery address and, if different, the mailing address of the individual's residence. The delivery address must not be a post office box. Attach an additional sheet if more space is required.

FIRST NAME

MIDDLE NAME

LAST NAME

MAILING ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

DELIVERY ADDRESS  SAME AS MAILING ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

FIRST NAME

MIDDLE NAME

LAST NAME

MAILING ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

DELIVERY ADDRESS  SAME AS MAILING ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

FIRST NAME

MIDDLE NAME

LAST NAME

MAILING ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

DELIVERY ADDRESS  SAME AS MAILING ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

FIRST NAME

MIDDLE NAME

LAST NAME

MAILING ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

DELIVERY ADDRESS  SAME AS MAILING ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

**J INCORPORATOR NAME(S) AND MAILING ADDRESS(ES)**

If an incorporator is a corporation or firm, enter the full name of the corporation or firm. Attach an additional sheet if more space is required.

CORPORATION OF FIRM NAME

FIRST NAME	MIDDLE NAME	LAST NAME	
MAILING ADDRESS	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE

CORPORATION OR FIRM NAME

FIRST NAME	MIDDLE NAME	LAST NAME	
MAILING ADDRESS	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE

CORPORATION OR FIRM NAME

FIRST NAME	MIDDLE NAME	LAST NAME	
MAILING ADDRESS	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE

**3. AUTHORIZED SHARE STRUCTURE**

**K AUTHORIZED SHARE STRUCTURE**

Identifying name of class or series of shares	Maximum number of shares of this class or series of shares that the company is authorized to issue, or indicate there is no maximum number.		Kind of shares of this class or series of shares.			Are there special rights or restrictions attached to the shares of this class or series of shares?	
	NO MAXIMUM (✓)	MAXIMUM NUMBER OF SHARES AUTHORIZED	NO PAR VALUE (✓)	WITH A PAR VALUE (\$)	Type of currency	YES (✓)	NO (✓)

#### 4. CERTIFY

##### **L** INCORPORATION EFFECTIVE DATE – Choose *one* of the following:

The incorporation is to take effect at the date and time that this application is filed with the registrar.

YYYY / MM / DD

The incorporation is to take effect at \_\_\_\_\_  a.m. or  p.m. Pacific Time on \_\_\_\_\_  
being a date and time that is not more than ten days after the date of the filing of this application.

Note: There is an **additional fee of \$100** when choosing a date in the future.

##### **M** COMPLETING PARTY STATEMENT

FIRST NAME

MIDDLE NAME

LAST NAME

I, \_\_\_\_\_  
the completing party, have examined the Benefit Company Articles and the Incorporation Agreement applicable to the company that is to be incorporated by the filing of this Incorporation Application and confirm that:

- the Benefit Company Articles and Incorporation Agreement both contain a signature line for each person identified as an incorporator in the Incorporation Application with the name of that person set out legibly under the signature line,
- An original signature has been placed on each of those signature lines,
- I have no reason to believe that the signature placed on a signature line is not the signature of the person whose name is set out under that signature line, and
- I have relevant knowledge of the company and that I am authorized to make this filing.

NOTE: It is an offence to make a false or misleading statement in respect of a material fact in a record submitted to the Corporate Registry for filing. See section 427 of the *Business Corporations Act*.

NAME OF COMPLETING PARTY

SIGNATURE OF COMPLETING PARTY

DATE SIGNED

YYYY / MM / DD

X

RESET FORM