



Telephone: 1 877 526-1526 www.bcreg.ca

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

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

DO NOT MAIL THIS FORM to BC Registry Services unless you are instructed to do so by registry staff. The Regulation under the Cooperative Association Act requires the electronic version of this form to be filed on the Internet at bcregistry.ca/business. In order to complete this incorporation application, you will need to upload an electronic copy of the Rules document and Memorandum document online.

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 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

DEFINE YOUR COOPERATIVE

A NAME OF COOPERATIVE ASSOCIATION

The name _____ is the name reserved for the cooperative association to be incorporated.

The name reservation number is NR _____

B COOPERATIVE ASSOCIATION TYPE

Community Service Cooperative

Ordinary Cooperative

Housing Cooperative

C REGISTERED OFFICE ADDRESSES

Table with 4 columns: MAILING ADDRESS, PROVINCE (BC), COUNTRY (Canada), POSTAL CODE

Table with 4 columns: DELIVERY ADDRESS (CANNOT BE A POST OFFICE BOX), PROVINCE (BC), COUNTRY (Canada), POSTAL CODE

D REGISTERED OFFICE INFORMATION to be used to communicate with the cooperative association (sending documents and notifications)

Table with 2 columns: EMAIL, PHONE NUMBER

PEOPLE AND ROLES

E COMPLETING PARTY NAME

FIRST NAME MIDDLE NAME LAST NAME

F COMPLETING PARTY ADDRESS

Table with 4 columns: MAILING ADDRESS, PROVINCE/STATE, COUNTRY, POSTAL CODE/ZIP CODE

Table with 4 columns: DELIVERY ADDRESS (CANNOT BE A POST OFFICE BOX), PROVINCE/STATE, COUNTRY, POSTAL CODE/ZIP CODE

G DIRECTOR NAME(S) AND ADDRESS(ES)

Set out the full name, mailing address and delivery address of every director of the cooperative association. 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. Cooperative associations must have at least three directors. The majority of directors should reside in Canada, and at least one director must reside in BC.

FIRST NAME MIDDLE NAME LAST NAME

MAILING ADDRESS	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE
DELIVERY ADDRESS <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> SAME AS MAILING ADDRESS	PROVINCE/STATE	COUNTRY	POSTAL CODE/ZIP CODE

H COMPLETING PARTY STATEMENT

FIRST NAME MIDDLE NAME LAST NAME

I, _____
certify that I have relevant knowledge of the cooperative association and I am authorized to make this filing.

Note: Under section 200 of the *Cooperative Association Act* 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.

LEGAL NAME OF THE PERSON AUTHORIZED TO COMPLETE AND SUBMIT THIS FILING (PLEASE PRINT)	SIGNATURE OF THE PERSON AUTHORIZED TO COMPLETE AND SUBMIT THIS FILING	DATE SIGNED YYYY / MM / DD
	X	