



NOTICE OF DIRECTORS

CREDIT UNION INCORPORATION ACT, sections 84.11 and 84.26

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

INSTRUCTIONS:

- 1. Please type or print clearly in block letters and ensure that the form is signed and dated in ink. Complete all areas of the form. The Registry may have to return documents that do not meet this standard. Attach an additional sheet if more space is required.
2. In Box A, enter the exact name of the credit union as shown on the Certificate of Incorporation, Amalgamation, Continuation or Change of Name.
3. In Box D, E and F, enter the last name, first name, and any initials of the credit union's directors as indicated.
4. In Box F, 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 Registry can not 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.
5. If changes occurred on more than one date, you must complete a separate Notice of Directors form for each date.
6. An individual who has ceased being a director cannot sign this form.
7. Filing fee: \$20.00. Submit this form with a cheque or money order payable to the Minister of Finance, or provide the Registry authorization to debit the fee from a BC OnLine Deposit Account.

Section 84.11 requires this form to be filed within 14 days after the appointment or election of a director. Section 84.26 requires this form to be filed within 14 days after the resignation or removal of a director or if the credit union becomes aware of a director of the credit union not being qualified.

B CERTIFICATE OF INCORPORATION NO.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

Freedom of Information and Protection of Privacy Act (FOIPPA): Personal information requested on this form is collected, used and disclosed under the authority of the FOIPPA and the Credit Union Incorporation 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.

A FULL NAME OF CREDIT UNION

C DATE OF CHANGE

YYYY MM DD

D FULL NAMES OF NEW DIRECTORS APPOINTED:

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 CREDIT UNION AS AT THE DATE OF CHANGE LISTED ABOVE:

Last Name

First Name and Initials (if any)

Residential Address (include postal/zip code)

G CERTIFIED CORRECT - I have read this form and found it to be correct.

Signature of a current Director, Officer, or Credit Union Solicitor

Date Signed YYYY MM DD

X