



ADDRESS CHANGE

SOCIETIES ACT, section 19

Telephone: 1 877 526-1526
www.gov.bc.ca/societies

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 unless otherwise instructed to do so by registry staff.
BC Registries and Online Services requires that this filing be completed online at
www.gov.bc.ca/SocietiesOnline

Filing Fee: \$15.00

If you are instructed by registry staff to mail this form, please include a cheque/money
order (payable to the Minister of Finance) or provide a BC OnLine account number.

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
Societies 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 PRIMARY EMAIL ADDRESS

ALTERNATE EMAIL ADDRESS

B INCORPORATION NUMBER OR BUSINESS NUMBER OF SOCIETY

C NAME OF SOCIETY

D NEW REGISTERED OFFICE ADDRESS

DELIVERY ADDRESS (PO Box alone is not accepted. Postal Code required.)

CITY

Prov.

POSTAL CODE

BC

MAILING ADDRESS (If different from delivery address.)

CITY

Prov.

POSTAL CODE

BC

The Notice of Change of Address takes effect at the beginning of the day (12:01 a.m. Pacific Time). Following the date on which this notice is
filed with the registrar.

E CERTIFICATION - I certify that I have relevant knowledge of the society, 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 223 of the Societies Act.

NAME

SIGNATURE

DATE SIGNED (YYYY MM DD)

X

F DELIVERY METHOD - Choose one delivery method for receipt of the society's documents.

Society Email

Other Email
Address

Pickup (Victoria only) Contact Person

Telephone

By Mail to Registered Office Mailing Address

By Mail to another address. Please specify.

MAILING ADDRESS

CITY

PROV/STATE

COUNTRY

POSTAL CODE/ZIP CODE