



DIRECTOR CHANGE

(OTHER THAN AT AN ANNUAL GENERAL MEETING)

SOCIETIES ACT, section 51

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 DATE OF CHANGE YYYY/MM/DD

E PERSONS WHO HAVE BEEN ELECTED OR APPOINTED AS DIRECTORS

- A society must have a minimum of three directors (individuals) and at least one must be ordinarily resident in BC.
A member-funded society must have at least one director who is not required to reside in BC.
A director's address must be a physical address. A post office box alone is not accepted. A director's address may be their residential address or an
address at which the director may be served with records between the hours of 9:00am and 4:00pm, local time, Monday to Friday.
Full names of directors are required, Initials only are not accepted.
Attach additional sheet if more space is required.

Form with columns for FIRST NAME, MIDDLE NAME, LAST NAME, ADDRESS, CITY, PROV/STATE, COUNTRY, POSTAL CODE/ZIP CODE repeated for multiple directors.

F PERSONS WHO HAVE CEASED TO BE DIRECTORS

FIRST NAME	MIDDLE NAME	LAST NAME

G DIRECTOR - CHANGE OF LEGAL NAME(S)

LAST NAME	FIRST NAME	MIDDLE NAME
FORMERLY		

LAST NAME	FIRST NAME	MIDDLE NAME
FORMERLY		

H DIRECTOR - CHANGE OF ADDRESS(ES) (PO Box alone is not accepted. Postal Code required.)

LAST NAME	FIRST NAME	MIDDLE NAME	ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

LAST NAME	FIRST NAME	MIDDLE NAME	ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

I 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	

J 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