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Victoria BC V8W 3E6

Instructions:

Please type or print clearly and ensure that the form is signed and dated in ink. Complete all areas of the form. Attach an additional sheet if more space is required.

- Item A Enter the incorporation number of the cooperative association.
Item B Enter the cooperative association's name exactly as shown on the Certificate of Incorporation, Amalgamation, Continuation or Change of Name.
Item C Enter the date of change of directors.
Item D Enter the last name, first name and any initials of the new directors appointed or elected.
Item E Enter the last name, first name and any initials of the persons who have ceased to be directors.
Item F Enter the last name, first name, any initials and residential address of all the directors of the association as at the date of change listed in Item C.
Item G An individual who has ceased being a director cannot sign this form.

If changes occurred on more than one date, you must complete a separate Notice of Change of Directors form for each date.

Filing fee: \$20.00. Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the Corporate Registry authorization to debit the fee from your BC OnLine Deposit Account. Please pay in Canadian dollars or in the equivalent amount of U.S. funds.

A INCORPORATION NO. OF COOPERATIVE ASSOCIATION

CP

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

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.

B NAME OF COOPERATIVE ASSOCIATION

C DATE OF CHANGE OF DIRECTORS

YYYY / MM / DD

D Full names of new directors appointed or elected:

Table with 2 columns: LAST NAME, FIRST NAME AND INITIALS (IF ANY)

E Full names of persons who have ceased to be directors:

Table with 2 columns: LAST NAME, FIRST NAME AND INITIALS (IF ANY)

F Full names and addresses of all the directors of the association as at the date of change listed in Item C.

Attach an additional sheet if more space is required.

Table with 3 columns: LAST NAME, FIRST NAME AND INITIALS (IF ANY), RESIDENTIAL ADDRESS (INCLUDE POSTAL CODE)

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

NAME OF CURRENT DIRECTOR, OFFICER OR SOLICITOR OF THE ASSOCIATION (Please print)

SIGNATURE OF CURRENT DIRECTOR, OFFICER OR SOLICITOR OF THE ASSOCIATION

DATE SIGNED

YYYY / MM / DD

X