



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:

Please type or print clearly in block letters and ensure that the form is signed and dated in ink.

Item A An extraprovincial corporation must apply for a name approval and reservation prior to registering in BC as an extraprovincial cooperative association. The name reserved must be the extraprovincial corporation's own name in its current jurisdiction. Enter the full name of the extraprovincial corporation exactly as shown on the name reservation.

Item F Head Office address within British Columbia must be a complete physical location. You may include general delivery, post office box, rural route, site or comp. number as part of the address, but the Corporate Registry cannot accept this information as complete address. You must also include a postal code. If the area does not have street names or numbers, provide a description that would readily allow a person to locate you (e.g. 4 miles east on Howard Road, left hand side near the Church, Creston, BC).

Item G An extraprovincial corporation registered as an extraprovincial cooperative association, unless under its charter its head office is in British Columbia, must have one or more attorneys. Each attorney for an extraprovincial cooperative association must be either:

- an individual who is resident in British Columbia, OR
a company incorporated in British Columbia.

Refer to Item F regarding information on addresses.

Item I Refer to Item F regarding information on addresses.

Item K Every attorney appointed for service must sign the statement in the presence of a witness.

Filing fee: \$250.00 Submit this form, along with the other required documents, with a cheque or money order made payable to the Minister of Finance, or provide the registry with authorization to debit the fee from your BC OnLine Deposit Account. Please pay in Canadian dollars or in the equivalent amount of US funds.

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.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

A FULL NAME OF EXTRAPROVINCIAL CORPORATION

B DATE OF INCORPORATION OR AMALGAMATION

YYYY / MM / DD

C JURISDICTION OF INCORPORATION

D DESCRIBE THE BUSINESS THAT THE CORPORATION WILL CARRY ON IN BRITISH COLUMBIA - State briefly, do not describe all the objects of the corporation

E FULL ADDRESS OF THE HEAD OFFICE OUTSIDE OF BRITISH COLUMBIA

PROVINCE POSTAL CODE

F PHYSICAL LOCATION OF THE HEAD OFFICE WITHIN BRITISH COLUMBIA

PROVINCE POSTAL CODE
BC



**I FULL NAMES AND ADDRESSES OF ALL DIRECTORS OF THE EXTRAPROVINCIAL CORPORATION – Attach an additional sheet if more space is required**

LAST NAME	FIRST NAME	MIDDLE NAME		
FULL ADDRESS				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PROVINCE</td> <td style="width:50%;">POSTAL CODE</td> </tr> </table>	PROVINCE	POSTAL CODE
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**J CERTIFIED CORRECT – I have read this form and found it to be correct.**

NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE EXTRAPROVINCIAL CORPORATION

SIGNATURE <b>X</b>	RELATIONSHIP TO EXTRAPROVINCIAL CORPORATION	DATE SIGNED YYYY / MM / DD
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**K CONSENT – I hereby consent to act as attorney of the above mentioned extraprovincial corporation.**

NAME OF ATTORNEY

SIGNATURE OF ATTORNEY OR AUTHORIZED SIGNING OFFICER IF ATTORNEY IS A CORPORATION <b>X</b>	CITY	DATE SIGNED YYYY / MM / DD
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WITNESS' INFORMATION  
NAME OF WITNESS (To attorney's signature)

SIGNATURE <b>X</b>	CITY	DATE SIGNED YYYY / MM / DD
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**Additional Attorney - If appointed**

NAME OF ATTORNEY

SIGNATURE OF ATTORNEY OR AUTHORIZED SIGNING OFFICER IF ATTORNEY IS A CORPORATION <b>X</b>	CITY	DATE SIGNED YYYY / MM / DD
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WITNESS' INFORMATION  
NAME OF WITNESS (To attorney's signature)

SIGNATURE <b>X</b>	CITY	DATE SIGNED YYYY / MM / DD
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**Every attorney listed in Item G must, in the presence of a witness, sign Form 13 XCA as evidence of consent to act as attorney. If additional space is needed to enter more than two attorneys, please attach a separate piece of paper.**