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www.bcreg.ca

Mailing Address: PO Box 9431 Stn Prov Govt
Victoria BC V8W 9V3

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Victoria BC V8W 3E6

Submitted by:
NAME

COMPANY

MAILING ADDRESS

CITY

PROV/STATE

POSTAL CODE/ZIP CODE

TELEPHONE

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 Business Corporations Act for the purposes of assessment.

Filing Fee: \$100.00 (add an additional \$100.00 for a future effective date).

Please complete and mail this form to BC Registries and Online Services for filing with payment by 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.

INSTRUCTIONS:

Please review our webpage www.bcreg.ca for information on converting a Member-Funded Society to a BC Community Contribution Company. The first step in converting a Member-Funded Society to a BC Community Contribution Company is to ensure the name for the company is available.

DEFINITIONS:

Member-Funded Society: A society whose constitution contains the statement: This society is a member-funded society. It is funded primarily by its members to carry on activities for the benefits of its member.

A NAME OF COMPANY - Choose one of the following:

The name \_\_\_\_\_ is the name \_\_\_\_\_ reserved for the community contribution company. The name reservation number is \_\_\_\_\_, OR

The member-funded society is to be converted to a community contribution company with a name created by adding "B.C. Community Contribution Company Ltd." after the incorporation number of the company.

B CONVERSION EFFECTIVE DATE - Choose one of the following:

The conversion is to take effect at the time that this application is filed with the registrar.

YYYY/MM/DD

The conversion is to take effect at 12:01 a.m. Pacific Time on \_\_\_\_\_ being a date that is not more than ten days after the date of the filing of this application.

YYYY/MM/DD

The conversion is to take effect at \_\_\_\_\_ a.m. or \_\_\_\_\_ p.m. Pacific Time on \_\_\_\_\_ being a date that is not more than ten days after the date of the filing of this application.

C AUTHORIZATION

YYYY/MM/DD

Authorized by Special Resolution dated: \_\_\_\_\_

**NOTICE OF ARTICLES**

**A NAME OF COMPANY**

Set out the name of the company as set out in Item A of the Conversion Application.

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**B TRANSLATION OF NAME**

Set out every translation of the company name that the company intends to use outside of Canada.

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**C DIRECTOR NAME(S) AND ADDRESS(ES)** – Enter the full name, delivery address and mailing address (if different) of ALL of the company’s directors. The director may select to provide either (a) the delivery address and, if different, the mailing address for the office at which the individual can usually be served with records between 9 a.m. and 4 p.m. on business days or (b) the delivery address and, if different, the mailing address of the individual’s residence. The delivery address must not be a post office box. Attach an additional sheet if more space is required.

FIRST NAME	MIDDLE NAME	LAST NAME

DELIVERY ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

MAILING ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

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FIRST NAME	MIDDLE NAME	LAST NAME

DELIVERY ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

MAILING ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

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FIRST NAME	MIDDLE NAME	LAST NAME

DELIVERY ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

MAILING ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

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FIRST NAME	MIDDLE NAME	LAST NAME

DELIVERY ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

MAILING ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

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FIRST NAME	MIDDLE NAME	LAST NAME

DELIVERY ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

MAILING ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE

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**D REGISTERED OFFICE ADDRESSES**

Set out the delivery address and mailing address of the registered office proposed for the company.

DELIVERY ADDRESS - (PO Box is not accepted. Postal code is required.)

CITY

Prov. POSTAL CODE

BC

MAILING ADDRESS

CITY

Prov. POSTAL CODE

BC

**E RECORDS OFFICE ADDRESSES**

DELIVERY ADDRESS - (PO Box is not accepted. Postal code is required.)

CITY

Prov. POSTAL CODE

BC

MAILING ADDRESS

CITY

Prov. POSTAL CODE

BC

**F AUTHORIZED SHARE STRUCTURE**

Identifying name of class or series of shares.	Maximum number of shares of this class or series of shares that the company is authorized to issue, or indicate there is no maximum number.		Kind of shares of this class or series of shares.			Are there special rights or restrictions attached to the shares of this class or series of shares?	
	THERE IS NO MAXIMUM	MAXIMUM NUMBER OF SHARES AUTHORIZED	WITHOUT PAR VALUE	WITH A PAR VALUE OF \$	TYPE OF CURRENCY	YES	NO

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

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 427 of the Business Corporations Act.

 NAME OF AUTHORIZED SIGNING AUTHORITY  
 FOR THE MEMBER-FUNDED SOCIETY

SIGNATURE

DATE SIGNED (YYYY MM DD)

X