



EXTRAPROVINCIAL NON-SHARE CORPORATION ASSUMED NAME CANCELLATION OR CHANGE SOCIETIES ACT, section 179

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: \$50.00

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

INSTRUCTIONS: Please review our webpage www.gov.bc.ca/Societies for information on completing the cancellation or change of assumed name.

A PRIMARY EMAIL ADDRESS ALTERNATE EMAIL ADDRESS

B REGISTRATION OR BUSINESS NUMBER OF EXTRAPROVINCIAL NON-SHARE

C NAME OF EXTRAPROVINCIAL NON-SHARE CORPORATION

D CANCELLATION OF ASSUMED NAME AND RESERVATION OF THE EXTRAPROVINCIAL NON-SHARE CORPORATIONS OWN NAME
The name \_\_\_\_\_ is the assumed name to be cancelled for the extraprovincial non-share corporation, and
The name \_\_\_\_\_ is the extraprovincial non-share corporations own name that has been reserved under section 9 of the Societies Act. The name reservation number for the extraprovincial non-share corporations own name is: \_\_\_\_\_

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)

F DELIVERY METHOD - Choose one delivery method for the societies certified documents.
Company 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