



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

DO NOT MAIL THIS FORM to BC Registry Services unless you are a Limited Liability Company (LLC).

The Regulation under the Business Corporations Act requires the electronic version of this form to be filed on the Internet at www.corporateonline.gov.bc.ca.

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.

PLEASE ENTER THE COMPANY EMAIL ADDRESS FOR CORRESPONDENCE

A NAME RESERVED FOR THE FOREIGN ENTITY

Complete section 1, 2 OR 3:

- 1. The name ... being the foreign entity's own name has been reserved. The name reservation number is ...
2. The foreign entity's own name ... is not available and, therefore, the assumed name ... has been reserved. The name reservation number for the assumed name is ...
3. No name has been reserved because the foreign entity is a federal corporation with the name ...

B FOREIGN ENTITY'S CURRENT JURISDICTION - If the current jurisdiction is other than a Canadian province, territory, or the federal government, attach proof of existence of the foreign entity, certified by its jurisdiction.

- 1. Corporate number assigned to the foreign entity by its current jurisdiction ...
2. Foreign entity's name in the foreign jurisdiction ...
3. Foreign entity's date of incorporation, organization or most recent date of amalgamation or continuation ... YYYY / MM / DD
4. Foreign entity's current jurisdiction of incorporation, organization, amalgamation or continuation ...

C HEAD OFFICE ADDRESSES

DELIVERY ADDRESS OF HEAD OFFICE

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

MAILING ADDRESS OF HEAD OFFICE

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

D NAME OF ATTORNEY(S) (If any)

Enter the full name and the mailing and delivery address of each attorney.

LAST NAME

FIRST NAME

MIDDLE NAME

COMPANY NAME

DELIVERY ADDRESS OF ATTORNEY

PROVINCE

POSTAL CODE

BC

MAILING ADDRESS OF ATTORNEY

PROVINCE

POSTAL CODE

BC

LAST NAME

FIRST NAME

MIDDLE NAME

COMPANY NAME

DELIVERY ADDRESS OF ATTORNEY

PROVINCE

POSTAL CODE

BC

MAILING ADDRESS OF ATTORNEY

PROVINCE

POSTAL CODE

BC

If additional space is needed to enter more than two attorneys, please attach a separate sheet of paper.

E CERTIFIED CORRECT – I have read this form and found it to be correct.

NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE FOREIGN ENTITY

SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE FOREIGN ENTITY

DATE SIGNED

YYYY / MM / DD

X