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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.

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INSTRUCTIONS:

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

If a foreign entity that is registered as an extrajurisdictional company is a party to an amalgamation or similar process and the corporation resulting from that amalgamation will carry on business in BC, the foreign entity must file this Notice of Amalgamation of Extrajurisdictional Company with the registrar.

Item A An amalgamated extrajurisdictional company must apply for a name approval and reservation unless it is adopting the name of one of the amalgamating extrajurisdictional companies.

Item B Enter the identifying number in the amalgamated extrajurisdictional company's current jurisdiction. Enter the date the amalgamation took place and, if applicable, also enter the time of the amalgamation.

Item C Enter the names of all of the amalgamating foreign entities. If any of the foreign entities is an extrajurisdictional company enter its registration number in BC.

registered in BC as an extrajurisdictional company, enter the foreign entity's jurisdiction.

Item D Enter the delivery and mailing address of the head office of the amalgamated extrajurisdictional company, whether or not the head office is in BC.

Item E A foreign entity registered as an extrajurisdictional company must ensure it has one or more attorneys or, under its charter (or similar record), have its head office in BC.

- Each attorney for an extrajurisdictional company must be either,
1) an individual who is resident in BC, OR
2) a company incorporated in BC.

The delivery address of an attorney who is an individual is the address of the office in BC where the individual can usually be reached between 9 a.m. and 4 p.m. on business days for the delivery of records.

★ PLEASE ENTER THE COMPANY EMAIL ADDRESS FOR CORRESPONDENCE

A NAME RESERVED FOR THE AMALGAMATED EXTRAJURISDICTIONAL COMPANY

Complete section 1, 2, 3 OR 4:

1) The name _____ is the name adopted by the amalgamated extrajurisdictional company being one of the names of one of the amalgamating extrajurisdictional companies. The extrajurisdictional registration number of this company is: _____

2) The name _____ is the name reserved for the amalgamated extrajurisdictional company. The name reservation number is: _____

3) The name _____ being the new name of the amalgamated extrajurisdictional company is not available, therefore, the assumed name _____ has been reserved.

The name reservation number for the assumed name is: _____

4) No name has been reserved because the amalgamated extrajurisdictional company is a federal corporation with the name _____

B AMALGAMATED EXTRAPROVINCIAL COMPANY'S CURRENT JURISDICTION

If the current jurisdiction is other than a Canadian province or territory, attach proof of existence of the amalgamated extraprovincial company, certified by its jurisdiction.

1. Corporate number assigned to the amalgamated extraprovincial company by its current jurisdiction _____
2. Amalgamated extraprovincial company's name in the foreign jurisdiction _____
3. Date of the amalgamation of the extraprovincial company
4. Amalgamated extraprovincial company's current jurisdiction _____

C AMALGAMATING FOREIGN ENTITIES

Enter the name of each of the amalgamating foreign entities below. For each foreign entity that is an extraprovincial company, enter the extraprovincial registration number in BC. If the amalgamating foreign entity is not registered in BC as an extraprovincial company, enter the foreign entity's jurisdiction. Attach an additional sheet if more space is required.

NAME OF AMALGAMATING FOREIGN ENTITY	EXTRAPROVINCIAL REGISTRATION NUMBER IN BC	FOREIGN ENTITY'S JURISDICTION IF NOT REGISTERED IN BC AS AN EXTRAPROVINCIAL COMPANY

D 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

E NAME OF ATTORNEY(S) (IF ANY)

Enter the full name and the mailing and delivery address of each attorney. If additional space is needed to enter more than one attorney, please attach a separate sheet of paper.

LAST NAME	FIRST NAME	MIDDLE NAME	
NAME OF COMPANY			
DELIVERY ADDRESS OF ATTORNEY			
		PROVINCE	POSTAL CODE
		BC	
MAILING ADDRESS OF ATTORNEY			
		PROVINCE	POSTAL CODE
		BC	

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

NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE AMALGAMATED EXTRAPROVINCIAL COMPANY	SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE AMALGAMATED EXTRAPROVINCIAL COMPANY	DATE SIGNED YYYY / MM / DD
	X	