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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.

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 extraprovincial 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 Extraprovincial Company with the registrar.

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

Item B Enter the identifying number in the amalgamated extraprovincial 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 extraprovincial company enter its registration number in BC.

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

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

Item E A foreign entity registered as an extraprovincial 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 extraprovincial 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 EXTRAPROVINCIAL COMPANY

Complete section 1, 2, 3 OR 4:

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

2) The name \_\_\_\_\_ is the name reserved for the amalgamated extraprovincial company. The name reservation number is: \_\_\_\_\_

3) The name \_\_\_\_\_ being the new name of the amalgamated extraprovincial 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 extraprovincial 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**