



Telephone: 1 877 526-1526 www.bcregistryservices.gov.bc.ca

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

Location: 200 - 940 Blanshard Street Victoria BC V8W 3E6

INSTRUCTIONS:

- Please type or print clearly in block letters and ensure that the form is signed and dated in ink.
Filing Fee - \$350
Submit this form with cheque or money order made payable to the Minister of Finance...

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...

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

A AMALGAMATED COMPANY NAME

This is a horizontal short form amalgamation under section 274 of the Business Corporations Act. The amalgamated company will adopt as its notice of articles, the notice of articles of the amalgamating company the shares of which are not to be cancelled.

The name and incorporation number of the amalgamating company the shares of which are not to be cancelled is:

Name: _____
Incorporation number: _____

B AMALGAMATION STATEMENT - Please indicate the statement applicable to this amalgamation.

With Court Approval: This amalgamation has been approved by the court and a copy of the entered court order approving the amalgamation has been obtained and has been deposited in the records office of each of the amalgamating companies.

OR

Without Court Approval: This amalgamation has been effected without court approval. A copy of all of the required affidavits under section 277(1) have been obtained and the affidavit obtained from each amalgamating company has been deposited in that company's records office.

C AMALGAMATION EFFECTIVE DATE - Choose one of the following:

- The amalgamation is to take effect at the time that this application is filed with the registrar.
The amalgamation is to take effect at 12:01a.m. Pacific Time on [date] being a date that is not more than ten days after the date of the filing of this application.
The amalgamation is to take effect at [time] a.m. or [time] p.m. Pacific Time on [date] being a date and time that is not more than ten days after the date of the filing of this application.

D AMALGAMATING CORPORATIONS

Enter the name of each amalgamating corporation below. For each company, enter the incorporation number.

NAME OF AMALGAMATING CORPORATION	BC INCORPORATION NUMBER
1.	
2.	
3.	
4.	
5.	

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

This form must be signed by an authorized signing authority for each of the amalgamating companies as set out in Item D.

NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE AMALGAMATING CORPORATION	SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE AMALGAMATING CORPORATION	DATE SIGNED YYYY / MM / DD
1.	X	
2.	X	
3.	X	
4.	X	
5.	X	