



OFFICER INFORMATION

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Victoria BC V8W 9V3

Courier Address: 200 - 940 Blanshard Street
Victoria BC V8W 3E6

A INCORPORATION NUMBER OF COMPANY

B NAME OF COMPANY

C PERSONS WHO HAVE BEEN APPOINTED AS OFFICERS

DO NOT MAIL
This working sheet is intended for your company's internal records and is not to be submitted to BC Registries.

OFFICER NAME(S) AND ADDRESS(ES) - Enter the full name, delivery address, mailing address (if different) and office held of each of the company's officers, if any. The officer may select to provide either (a) the delivery address and, if different, the mailing address for the office at which the individual can usually be served with records between 9 a.m. and 4 p.m. on business days or (b) the delivery address and, if different, the mailing address of the individual's residence. The delivery address must not be a post office box. Attach an additional sheet if more space is required.

Form fields for Officer 1: FIRST NAME, MIDDLE NAME, LAST NAME

PREFERRED NAME (Optional)

OFFICE(S) HELD (e.g. president, secretary, vice president)

Form fields for Officer 1: MAILING ADDRESS, CITY, PROV/STATE, COUNTRY, POSTAL CODE/ZIP CODE

Form fields for Officer 1: DELIVERY ADDRESS, CITY, PROV/STATE, COUNTRY, POSTAL CODE/ZIP CODE

Form fields for Officer 2: FIRST NAME, MIDDLE NAME, LAST NAME

PREFERRED NAME (Optional)

OFFICE(S) HELD (e.g. president, secretary, vice president)

Form fields for Officer 2: MAILING ADDRESS, CITY, PROV/STATE, COUNTRY, POSTAL CODE/ZIP CODE

Form fields for Officer 2: DELIVERY ADDRESS, CITY, PROV/STATE, COUNTRY, POSTAL CODE/ZIP CODE

Form fields for Officer 3: FIRST NAME, MIDDLE NAME, LAST NAME

PREFERRED NAME (Optional)

OFFICE(S) HELD (e.g. president, secretary, vice president)

Form fields for Officer 3: MAILING ADDRESS, CITY, PROV/STATE, COUNTRY, POSTAL CODE/ZIP CODE

Form fields for Officer 3: DELIVERY ADDRESS, CITY, PROV/STATE, COUNTRY, POSTAL CODE/ZIP CODE

F SIGNATURE - I have read this form and found it to be correct.
NAME

SIGNATURE

DATE SIGNED
YYYY / MM / DD

X