



OFFICER INFORMATION

Telephone: 1 877 526-1526
Email: bcregistries@gov.bc.ca

Mailing Address: PO Box 9431 Stn Prov Govt
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.

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