



AMALGAMATION APPLICATION

BUSINESS CORPORATIONS ACT, section 379

Telephone: 1 877 526-1526 www.bcreg.ca

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

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

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.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

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 Amalgamation Application for an 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.
Item C Enter the names of all of the amalgamating foreign entities.

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.

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.

Filing Fee: \$350.00 Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the registry with authorization to debit the fee from your BC OnLine Deposit Account.

★ 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.
2) The name is the name reserved for the amalgamated extrajurisdictional company.
3) The name being the new name of the amalgamated extrajurisdictional company is not available, therefore, the assumed name has been reserved.
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 YYYY / MM / DD

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



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INSTRUCTIONS:

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The Province of British Columbia has entered into a partnership with the Canada Revenue Agency (CRA) to use the national Business Number (BN) as a convenient way for corporations to identify themselves when communicating with federal and provincial governments.

The Corporate Registry, under the authority of the Business Number Act, is therefore collecting the BN from both corporations applying for registration in British Columbia and corporations currently registered in British Columbia. This will allow corporations to use their BN as an identifier the next time they communicate with the Corporate Registry.

You will already have a BN if you have been incorporated federally or if you are incorporated in another Canadian jurisdiction.

You may have also received a BN from CRA if you:

- collect GST/HST;
• have employees;
• import or export goods to or from Canada;
• operate a taxi or limo service;
• are registered with WorkSafeBC, and/or;
• are registered to do business in another Canadian jurisdiction

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 Number Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

COMPLETE ITEM A OR B

A BUSINESS NUMBER

Your Business Number (e.g., GST/HST account) would be displayed as a 15 character identifier, for example: 82123 5679 RT 0001. The first nine numbers uniquely identify your business - it's those numbers we need.

Please enter the first 9 digits here:

[Empty input box for first 9 digits of Business Number]

B DIRECTOR NAME

If you do not have a Business Number please enter the name of a director of your corporation (as per CRA requirements) so that we can request one for you. The director's name is confidential information and is collected under the authority of the Business Number Act.

LAST NAME

FIRST NAME