



WORKING PAPERS • THIS IS AN ONLINE-ONLY PROCESS • DO NOT MAIL OR FAX

These pages will help you prepare to file a Registration Statement through Societies Online. When you are ready, complete the extrajurisdictional registration by visiting Societies Online (www.bcregistry.ca/societies). The filing fee for registration is \$100.

QUESTIONS? Review our website (www.gov.bc.ca/societies), call us at 1 877 526-1526, or send us an email at BCRegistries@gov.bc.ca.

DEFINITIONS:

Attorney means an individual who is a resident in British Columbia, or a society or company incorporated in British Columbia, who will accept service on behalf of the Extrajurisdictional Non-share Corporation.

Extrajurisdictional Non-share Corporation means a corporation, without a share capital, that is incorporated, amalgamated, continued or otherwise formed by or under the laws of a jurisdiction other than British Columbia.

Electronic format means Microsoft Word or similar plain text document saved with one of the following file extensions: .doc, .docx, .wpd, .txt, .rtf, or .pdf.

Home jurisdiction, in relation to an Extrajurisdictional Non-share Corporation, means the jurisdiction in which the Extrajurisdictional Non-share Corporation is incorporated, amalgamated, continued or otherwise formed.

PRIMARY EMAIL ADDRESS

ALTERNATE EMAIL ADDRESS

NAME RESERVED FOR THE EXTRAJURISDICTIONAL NON-SHARE CORPORATION

Complete section 1, 2 OR 3

1. The name \_\_\_\_\_ being the Extrajurisdictional Non-share Corporation's own name has been reserved.

The name reservation number is \_\_\_\_\_

2. The Extrajurisdictional Non-share Corporation's own name \_\_\_\_\_

cannot be reserved and, therefore, the assumed name \_\_\_\_\_

has been reserved. The name reservation number of the assumed name is \_\_\_\_\_

3. No name has been reserved because the Extrajurisdictional Non-share Corporation is a federal corporation with the name \_\_\_\_\_

HOME JURISDICTION INFORMATION

Home Jurisdiction \_\_\_\_\_

Date of formation in home jurisdiction YYYY/MM/DD Incorporation or identifying number in home jurisdiction \_\_\_\_\_

BUSINESS NUMBER

Your Business Number (e.g., GST/HST account) would be displayed as a 15 character identifier, such as 82123 5679 RT 0001. The first nine numbers uniquely identify your business - it's those numbers we need. If you do not have a Business Number, complete the Director's Name section instead.

Please enter the first 9 digits here:

Input box for business number digits

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.

OR

The director's name is confidential information and is collected under the authority of the Business Number Act.

LAST NAME

FIRST NAME

Input line for director name

**D HEAD OFFICE ADDRESSES** - (PO Box is not accepted, Postal code required.)

DELIVERY ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
MAILING ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
PRIMARY EMAIL ADDRESS		ALTERNATE EMAIL ADDRESS		

**E ATTORNEY(S)** - (If any.)

**i** **This information is required** if the head office is not in British Columbia. Enter the full name, mailing and delivery addresses of each attorney. PO Box alone is **not** accepted. Postal Codes are required.

COMPANY OR SOCIETY NAME OR INDIVIDUAL

FIRST NAME	MIDDLE NAME	LAST NAME	
DELIVERY ADDRESS - (PO Box number alone is not acceptable. Postal Code required.)		CITY	Prov. POSTAL CODE <b>BC</b>
MAILING ADDRESS- (If different from delivery address.)		CITY	Prov. POSTAL CODE <b>BC</b>

COMPANY OR SOCIETY NAME OR INDIVIDUAL

FIRST NAME	MIDDLE NAME	LAST NAME	
DELIVERY ADDRESS - (PO Box number alone is not acceptable. Postal Code required.)		CITY	Prov. POSTAL CODE <b>BC</b>
MAILING ADDRESS- (If different from delivery address.)		CITY	Prov. POSTAL CODE <b>BC</b>

**F CERTIFICATION**

**NOTE:** It is an offence to make a false or misleading statement in respect of a material fact in a record submitted to the Corporate Registry for filing. See section 223 of the *Societies Act*.

**I certify that I have relevant knowledge of the society, and that I am authorized to make this filing.**

NAME	SIGNATURE	DATE SIGNED (YYYY MM DD)
	X	

**G DELIVERY METHOD** - Choose one delivery method for receipt of the society's certified documents.

Society Email	Other Email Address			
Pickup (Victoria only)	Contact Person	Telephone		
By Mail to Registered Office Mailing Address				
By Mail to another address. Please specify.				
MAILING ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE