



**PROVINCE OF
BRITISH COLUMBIA**

**NOTES TO CERTIFICATION OF EMPLOYEE
GROUP APPLICATION**

Toll Free: 1-800-665-6597
Phone: (250) 952-0136
Fax: (250) 952-0371
Email: InvestmentCapital@gov.bc.ca

Freedom of Information and Protection of Privacy Act (FIPPA) The information collected on this form is collected under the authority of the **Employee Investment Act, RSBC 1996 c. 112** (Act), and is subject to the provisions of the FIPPA. The personal information will be used for the administration of the Act and the issuance of tax credits. For more information regarding this form and the FIPPA please contact the **Venture Capital Tax Credit Program, Box 9800 Stn Prov Govt, Victoria, B.C. V8W 9W1**

Certification of Employee Group:	See Section 27(1) of the Act.
Eligible Employee:	See Section 1(1) of the Act and Section 1(5) of the Regulation.
Eligible Investor:	See Section 1(1) of the Act.
Offences:	See Section 42 of the Act.
Third Party Liability:	See Section 32 of the Act.

This form and all attachments must be mailed or couriered directly to the following address:

Attention: Administrator
Venture Capital Tax Credit Program
Employee Share Ownership Program
PO Box 9800, Stn Prov Govt
Victoria, British Columbia V8W 9W1

Toll Free: 1-800-665-6597
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The information in this Application will be used to determine the eligibility of an employee group for certification and to determine eligibility to apply for cost sharing reimbursement under the *Employee Investment Act*.

SECTION 1 TO BE COMPLETED BY REPRESENTATIVE OF THE EMPLOYEE GROUP

Corporation / EVCC Name		Employee Group Name	
Eligible Business Name (single purpose EVCC only)		General Occupational Affiliation	No. of Members / Participants
Mailing Address		Mailing Address	
Contact Name	Contact Phone No.	Contact Name	Contact Phone No.
ESOP / EVCC No.		Professional Advisor Name and Company Name	

SECTION 2 AUTHORIZATION OF REPRESENTATIVE AND REQUEST FOR EMPLOYEE GROUP CERTIFICATION

We are eligible employees/investors of/in the above named corporation, and hereby authorize the person named in the certification below as the Certified Employee Group Representative to represent us in the negotiation, evaluation and implementation of an Employee Share Ownership Plan or Employee Venture Capital Plan. We hereby apply for certification as an employee group under the *Employee Investment Act*.

Date	Name	Corporation Name	Years with Corporation	Position with Corporation	Eligible Employee / Investor Signature

SECTION 3 CERTIFICATION

I have read sections 32 and 42 of the *Employee Investment Act*, and I understand that it is an offense and that it may expose me to personal liability to make a false or misleading statement in this Certification of Employee Group Application.

I certify that I am the representative of the employee group, and the employee group broadly represents the total group of eligible employee/investors in the corporation. I am duly authorized by the employee group to make this Application and to the best of my knowledge all statements made and information provided in this Application and attachments are true, correct, and complete.

Date	Relationship to Employee Group	Print Name	Signature
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SECTION 4 GOVERNMENT USE

Portfolio Manager	Date Received	Date Reviewed	Administrator
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