



**PROVINCE OF
BRITISH COLUMBIA**

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**Venture Capital Corporation
REGISTRATION APPLICATION**

Freedom of Information and Protection of Privacy Act (FIPPA) The information collected on this form is collected under the authority of the *Small Business Venture Capital Act*, RSBC 1996 c. 429 (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 Investment Capital Branch, PO Box 9800 Stn Prov Govt, Victoria, BC V8W 9W1

Name of Company _____ Fax Number: _____ Incorporation Date: (dd/mm/yy)
 E-mail address: _____ Fiscal Year End Date: (month/day)

Place of Business Address Postal Code	Contact Person
	Telephone ()
Mailing Address (if different from Place of Business) Postal Code	Contact Person
	Telephone ()
Registered & Records Address under the Business Corporation Act Postal Code	Contact Person
	Telephone ()

Equity Capital Raised by the Company To Date: \$	Number of Shares Issued:
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CERTIFICATION

- The Company has never previously carried on any business and has no outstanding debt obligations.
- All issued shares of the Company have been fully paid for in cash.

I have read and understood Sections 26 and 35 of the *Small Business Venture Capital Act*, and I understand that it is an offence and it may expose me to personal liability to make a false or misleading statement in this application. I am a Director or Officer of the company applying for VCC registration (the "Company") and to the best of my knowledge all statements and certifications made and information provided in this application (including its attachments) are true, correct and complete. I am duly authorized to execute this application.

 Director's signature Full name Telephone Date

E-mail:

REQUIRED ATTACHMENTS

- A copy of the Certificate of Incorporation
- A copy of the Articles
- A copy of the Notice of Articles