



PROVINCE OF BRITISH COLUMBIA

Toll Free: (800) 665-6597
Telephone: (250) 952-0136
Email: InvestmentCapital@gov.bc.ca

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 Venture Capital Tax Credit Program, PO Box 9800 Stn Prov Govt, Victoria, BC V8W 9W1

VENTURE CAPITAL CORPORATION INFORMATION

Form with fields for: Name of Company, Email Address, Incorporation Date, Fiscal Year End, Place of Business Address, Contact Person, Telephone, Mailing Address, Registered & Records Address, Equity Capital Raised, Number of Shares Issued.

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 or Officer Signature Date
Telephone () Email

REQUIRED ATTACHMENTS

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