



SCHEDULE A AMALGAMATION

under the International Business Activity Act

General Inquiries: 250 953-3082 Toll-free: 1 877 387-3332 Fax Number: 250 356-0434

FOR OFFICE USE ONLY DATE RECEIVED YYYY / MM / DD

INSTRUCTIONS

- This form must be completed if you answered YES to question 4A on the Application for Registration of a Corporation (FIN 574) form. By answering yes, you are stating that you are registering a corporation as a result of an amalgamation in Canada. Attach a copy of the amalgamation and related legal documents. For more information, refer to How to Complete the Application for Registration of a Corporation.

Freedom of Information and Protection of Privacy Act (FOIPPA) The personal information on this form is collected for the purpose of administering the International Business Activity Act under the authority of section 26(a) of the FOIPPA. Questions about the collection or use of this information can be directed to the Manager, Intergovernmental Relations, PO Box 9444 Stn Prov Govt, Victoria BC V8W 9W8 (telephone: Victoria at 250 387-3332 or toll-free at 1 877 387-3332. Email: ITBTaxQuestions@gov.bc.ca

Table with 2 columns: NAME OF NEW AMALGAMATED CORPORATION, DATE OF AMALGAMATION YYYY / MM / DD

Main table with 4 columns: Name of Each Predecessor Corporation, Was the Predecessor Corporation Registered under the IBA Act?, If YES, provide the Business Number (9 digits), Account Number (5 digits - C#####)