



# INCORPORATION APPLICATION

## FORM 1 – BC COMPANY

Section 10 *Business Corporations Act*

Telephone: 250 356-8626

Office Hours: 8:30 – 4:30 (Monday – Friday)

**DO NOT MAIL THIS FORM to the Corporate and Personal Property Registries unless you are instructed to do so by registry staff. The Regulation under the *Business Corporations Act* requires this form to be filed on the Internet**

***Freedom of Information and Protection of Privacy Act (FIPPA)***

The personal information requested on this form is made available to the public under the authority of the *Business Corporations Act*. Questions about how the *FIPPA* applies to this personal information can be directed to the Administrative Assistant of the Corporate and Personal Property Registries at 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

**A NAME OF COMPANY – Choose *one* of the following:**

- The name \_\_\_\_\_ is the name reserved for the company to be incorporated. The name reservation number is \_\_\_\_\_, *OR*
- The company is to be incorporated with a name created by adding “B.C. Ltd.” after the incorporation number of the company.

**B INCORPORATION EFFECTIVE DATE – Choose *one* of the following:**

- The incorporation is to take effect at the time that this application is filed with the registrar.
- The incorporation is to take effect at 12:01a.m. Pacific Time on \_\_\_\_\_ YYYY / MM / DD being a date that is not more than ten days after the date of the filing of this application.
- The incorporation is to take effect at \_\_\_\_\_ Pacific Time on \_\_\_\_\_ YYYY / MM / DD being a date and time that is not more than ten days after the date of the filing of this application.

**C INCORPORATOR NAME(S) AND MAILING ADDRESS(ES)**

If an incorporator is a corporation or firm, enter the full name of the corporation or firm. Attach an additional sheet if more space is required.

|           |            |             |
|-----------|------------|-------------|
| LAST NAME | FIRST NAME | MIDDLE NAME |
|-----------|------------|-------------|

|                 |                |         |                      |
|-----------------|----------------|---------|----------------------|
| MAILING ADDRESS | PROVINCE/STATE | COUNTRY | POSTAL CODE/ZIP CODE |
|-----------------|----------------|---------|----------------------|

|           |            |             |
|-----------|------------|-------------|
| LAST NAME | FIRST NAME | MIDDLE NAME |
|-----------|------------|-------------|

|                 |                |         |                      |
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| MAILING ADDRESS | PROVINCE/STATE | COUNTRY | POSTAL CODE/ZIP CODE |
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|           |            |             |
|-----------|------------|-------------|
| LAST NAME | FIRST NAME | MIDDLE NAME |
|-----------|------------|-------------|

|                 |                |         |                      |
|-----------------|----------------|---------|----------------------|
| MAILING ADDRESS | PROVINCE/STATE | COUNTRY | POSTAL CODE/ZIP CODE |
|-----------------|----------------|---------|----------------------|

**D COMPLETING PARTY – The completing party must be an individual, not a corporation or a firm.**

|           |            |             |
|-----------|------------|-------------|
| LAST NAME | FIRST NAME | MIDDLE NAME |
|-----------|------------|-------------|

|  |                |         |                      |
|--|----------------|---------|----------------------|
| <b>E MAILING ADDRESS OF COMPLETING PARTY</b> | PROVINCE/STATE | COUNTRY | POSTAL CODE/ZIP CODE |
|--|----------------|---------|----------------------|

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**F COMPLETING PARTY STATEMENT**

FIRST NAME

MIDDLE NAME

LAST NAME

I, \_\_\_\_\_  
the completing party, have examined the Articles and Incorporation Agreement applicable to the company that is to be incorporated by the filing of this Incorporation Application and confirm that:

- (a) the Articles and Incorporation Agreement both contain a signature line for each person identified as an incorporator in the Incorporation Application with the name of that person set out legibly under the signature line,
- (b) an original signature has been placed on each of those signature lines, and
- (c) I have no reason to believe that the signature placed on a signature line is not the signature of the person whose name is set out under that signature line.

NAME OF COMPLETING PARTY

SIGNATURE OF COMPLETING PARTY

DATE SIGNED

YYYY / MM / DD

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**X**

# NOTICE OF ARTICLES

## **A** NAME OF COMPANY

Set out the name of the company as set out in Item A of the Incorporation Application.

## **B** TRANSLATION OF COMPANY NAME

Set out every translation of the company name that the company intends to use outside of Canada, or if none, enter "not applicable".

## **C** DIRECTOR NAME(S) AND ADDRESS(ES)

Set out the full name, delivery address and mailing address (if different) of every director of the company. The delivery address must be for the office at which the individual can usually be served with records between 9 a.m. and 4 p.m. on business days. If there is no office at which the individual can usually be served with records during these hours, enter the delivery address and mailing address, if different, of the individual's residence. Attach an additional sheet if more space is required.

LAST NAME

FIRST NAME

MIDDLE NAME

DELIVERY ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

MAILING ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

LAST NAME

FIRST NAME

MIDDLE NAME

DELIVERY ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

MAILING ADDRESS

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COUNTRY

POSTAL CODE/ZIP CODE

LAST NAME

FIRST NAME

MIDDLE NAME

DELIVERY ADDRESS

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MAILING ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

LAST NAME

FIRST NAME

MIDDLE NAME

DELIVERY ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

MAILING ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

**D REGISTERED OFFICE ADDRESSES**

DELIVERY ADDRESS OF THE COMPANY'S REGISTERED OFFICE

|           |             |
|-----------|-------------|
| PROVINCE  | POSTAL CODE |
| <b>BC</b> |             |

MAILING ADDRESS OF THE COMPANY'S REGISTERED OFFICE

|           |             |
|-----------|-------------|
| PROVINCE  | POSTAL CODE |
| <b>BC</b> |             |

**E RECORDS OFFICE ADDRESSES**

DELIVERY ADDRESS OF THE COMPANY'S RECORDS OFFICE

|           |             |
|-----------|-------------|
| PROVINCE  | POSTAL CODE |
| <b>BC</b> |             |

MAILING ADDRESS OF THE COMPANY'S RECORDS OFFICE

|           |             |
|-----------|-------------|
| PROVINCE  | POSTAL CODE |
| <b>BC</b> |             |

**F AUTHORIZED SHARE STRUCTURE**

| Identifying name of class or series of shares | Maximum number of shares of this class or series of shares that the company is authorized to issue, or indicate there is no maximum number. |                                     | Kind of shares of this class or series of shares. |                          |                  | Are there special rights or restrictions attached to the shares of this class or series of shares? |           |
|---|---|-------------------------------------|---|--------------------------|------------------|--|-----------|
|   | THERE IS NO MAXIMUM<br>(✓)  | MAXIMUM NUMBER OF SHARES AUTHORIZED | WITHOUT PAR VALUE<br>(✓)                          | WITH A PAR VALUE OF (\$) | Type of currency | YES<br>(✓)   | NO<br>(✓) |
|   |   |                                     |   |                          |                  |  |           |
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