

**COOPERATIVE ASSOCIATION**  
**NOTICE OF**  
**REGISTERED OFFICE**  
**FORM 2**  
*Cooperative Association Act*

Telephone: 250 356-8609

**Instructions:**

Please type or print clearly and ensure that the form is signed and dated in ink. Complete all areas of the form. Attach an additional sheet if more space is required.

**Item A** Enter the cooperative association's name exactly as shown on the Certificate of Incorporation, Amalgamation, Continuation or Change of Name.

**Item B** Enter the complete **physical address**. You may include general delivery, post office box, rural route, site or comp. number as part of the address, but the Corporate Registry cannot accept this information as a complete address. You must also include a postal code. If an area does not have street names or numbers, provide a description that would readily allow a person to locate the office.

OFFICE USE ONLY – DO NOT WRITE IN THIS AREA

**Freedom of Information and Protection of Privacy Act (FOIPPA):**  
Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Cooperative Association Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Executive Coordinator of the BC Registry Services at 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

**A NAME OF COOPERATIVE ASSOCIATION**

**B FULL PHYSICAL ADDRESS OF REGISTERED OFFICE (Include postal code)**

PROVINCE	POSTAL CODE
BC	

**C CERTIFIED CORRECT – I have read this form and found it to be correct.**

NAME OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION (Please print)

SIGNATURE OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION

DATE SIGNED  
YYYY / MM / DD

X