

**COOPERATIVE ASSOCIATION  
NOTICE OF CHANGE OF DIRECTORS  
FORM 5**

*Cooperative Association Act*

**FILING FEE: \$20.00**

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 incorporation number of the cooperative association. This number is located in the upper right-hand corner of the Certificate of Incorporation, Amalgamation, Continuation or Change of Name.

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

**Item F** The residential address of a director must be a 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 director.

**Item G** An individual who has ceased being a director cannot sign this form.

If changes occurred on more than one date, you must complete a separate Notice of Change of Directors form for each date.

**Filing fee: \$20.00.** Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the Corporate Registry authorization to debit the fee from your BC OnLine Deposit Account. Please pay in Canadian dollars or in the equivalent amount of U.S. funds.

**A INCORPORATION NO. OF COOPERATIVE ASSOCIATION**

**CP**

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.

**B NAME OF COOPERATIVE ASSOCIATION**

**C DATE OF CHANGE OF DIRECTORS**

YYYY / MM / DD

**D Full names of new directors appointed or elected:**

| LAST NAME | FIRST NAME AND INITIALS (IF ANY) |
|-----------|----------------------------------|
|           |                                  |
|           |                                  |
|           |                                  |
|           |                                  |

**E Full names of persons who have ceased to be directors:**

| LAST NAME | FIRST NAME AND INITIALS (IF ANY) |
|-----------|----------------------------------|
|           |                                  |
|           |                                  |
|           |                                  |
|           |                                  |

**F Full names and addresses of all the directors of the association as at the date of change listed above:**

| LAST NAME | FIRST NAME & INITIALS (IF ANY) | RESIDENTIAL ADDRESS | PROVINCE/STATE | POSTAL CODE/ ZIP CODE |
|-----------|--------------------------------|---------------------|----------------|-----------------------|
|           |                                |                     |                |                       |
|           |                                |                     |                |                       |
|           |                                |                     |                |                       |
|           |                                |                     |                |                       |

**G 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**