

Ministry of

Mailing Address: PO Box 9444 Stn Prov Govt Victoria BC V8W 9W8 gov.bc.ca/incometaxes

APPLICATION FOR REGISTRATION OF A CORPORATION

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 \$

AMOUNT ENCLOSED

INSTRUCTIONS

- · This form must be completed to apply for registration of a corporation under the International Business Activity Act (IBA).
- All applicable information must be provided. ٠
- Application fee: \$5,000. Submit this form with a cheque or ٠ money order payable to the Minister of Finance.
- · For more information, refer to How to Complete the Application for Registration of a Corporation.

Applicant Information

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

| LEGAL NAME TAX YEAR END YYYY / MM / DD BUSINESS NUMBER (9 digits) MAILING ADDRESS (include street or PO box, city, province and postal code) ACCOUNT NUMBER (5 digits) C | 1. Applicant information | |
|---|--|------------|
| (5 digits) | LEGAL NAME | |
| | MAILING ADDRESS (include street or PO box, city, province and postal code) | (5 digits) |

LOCATION OF BOOKS AND RECORDS – IF DIFFERENT THAN MAILING ADDRESS (include street or PO box, city, province and postal code)

| 2. Contact Information | | | | | |
|---|------------------------|---------------------------------|--------------------|--|--------|
| NAME | POSITION | TELEPHONE NU | JMBER | EMAIL ADDRESS | |
| | | () | | | |
| | | | | | |
| 3. Type of International Business | | | | | |
| International Financial Business | nal Financial Business | | | | |
| International Patent Business | | International Dig | gital Media Distri | bution Business | |
| 4. Registration Information | | | | | |
| A. Is the corporation a result of an amalgamation of one or more IBA registrants? | atta | /ES , ach hedule A | | ation exempt from tax n 27 of the <i>Income Tax Act</i> mbia)? | YES |
| FIN 574/WEB Rev. 2016 / 2 / 4 | | | | | Page 1 |

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| C. Is the corporation incorporated or amalgamated in Canada? | YYYY / MM / DD | D. Provide the corporation's IFC registration number (<i>if available</i>) |
|--|---------------------------------------|--|
| E. Does the corporation have a permanent establishme | nt in British Columbia? | |
| YES NO If YES , provide location (<i>if differen</i> | nt from mailing address) | |
| F. Does the corporation have a fixed place of business i | n British Columbia? | |
| YES NO If YES , provide location (<i>if differen</i> | nt from mailing address) | |
| 5. Supporting Documentation | | |
| Schedule A: Amalgamation (FIN 574A) | | |
| Authorization or Cancellation of a Representative (F | N 564) | |
| ATTACHMENTS | | |
| Incorporating and legal documentation | | |
| Business plan(s) related to international business(es |) | |
| List of international financial activities or qualifying transmission | ansactions | |
| List of locations | | |
| A copy of the most recent financial statements | | |
| A copy of the most recent corporate income tax retur | n (T2) filed with the Canada | Revenue Agency, if available |
| List of directors and contact information | | |
| List of related or affiliated persons | | |
| 6. Fees | | |
| \$5,000 fee is attached | | |
| Amalgamation | | |
| 7. Certification – An authorized signing authority mu | ist make the following decl | aration. |
| I,(Full Legal Nam | <u> </u> | , certify that, to the best of my |
| (Full Legal Nam knowledge and belief, all of the information given in this | e) application is true, correct an | d complete in all material respects. |
| SIGNATURE OF AUTHORIZED SIGNING AUTHORITY | POSITION | DATE SIGNED YYYY / MM / DD |
| × | | |