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SCHEDULE A
AMALGAMATION

International Financial Activity Act

General Inquiries: 250 953-3082
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The personal information on this form is collected for the purpose of administering the *International Financial Activity Act* under the authority of both this Act and section 26 of the *FOIPPA*. Questions about the collection or use of this information can be directed to the Information and Privacy Analyst, FOI Section, PO Box 9432 Stn Prov Govt, Victoria, BC V8W 9N6. (Telephone: Victoria at 250 953-3671, Vancouver at 604 660-2421 or toll-free at 1800 663-7867 and ask to be re-directed.)
Email: FOI.QRYS@gov.bc.ca

FOR OFFICE USE ONLY	
APPROVED BY	DATE APPROVED YYYY / MM / DD
IFA ACCOUNT NO.	

This form must be completed if you have answered *YES* to question 3a) on the **Application for Registration of a Corporation (FIN 574)** form that you are registering a corporation as a result of an amalgamation in Canada.

Name of new amalgamated corporation	Date of amalgamation YYYY / MM / DD

Names of each predecessor corporations	Was the predecessor corporation registered under the IFA Act? YES (✓) NO	If *YES*, provide IFA Registration No.

PLEASE ATTACH A COPY OF THE AMALGAMATION AND RELATED LEGAL DOCUMENTS.

Print Form Clear Form