



APPLICATION FOR REGISTRATION OF A CORPORATION

International Financial Activity Act

General Inquiries: 250 953-3082
Toll Free Enquiry BC: 1 800 663-7867
Fax No: 250 356-0434

INSTRUCTIONS:

- This form is required to apply for registration of a corporation under the *International Financial Activity Act*.
- All applicable information **must** be provided.
- Upon completion, forward together with all supporting documents to:

Mailing Address
Income Taxation Branch
PO Box 9444 Stn Prov Govt
Victoria BC V8W 9W8

Courier / Location Address
Income Taxation Branch
1st Floor, 1802 Douglas Street
Victoria BC V8T 4K6

- **Application fee: \$5,000.00.** Submit this form with a cheque or money order payable to the Minister of Finance.
- For more information, refer to the **Guide to Filling Out the Application for Registration of a Corporation (FIN 574G)**

FOR OFFICE USE ONLY

APPROVED BY	DATE APPROVED YYYY / MM / DD
IFA ACCOUNT NO.	AMOUNT ENCLOSED \$

Freedom of Information and Protection of Privacy Act (FOIPPA) 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 1 800 663-7867 and ask to be re-directed). Email: FOI.QRYS@gov.bc.ca

TAXATION YEAR END
MM / DD

1. Applicant Information

LEGAL NAME	FEDERAL BUSINESS NO.
MAILING ADDRESS	POSTAL CODE
LOCATION OF BOOKS AND RECORDS (IF DIFFERENT THAN MAILING ADDRESS)	POSTAL CODE
LOCATION OF FIXED PLACE OF INTERNATIONAL FINANCIAL BUSINESS (IF DIFFERENT THAN MAILING ADDRESS)	POSTAL CODE

2. Contact Information

NAME	POSITION	PHONE NO. ()	E-MAIL ADDRESS
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3. Registration Information

a) Are you registering a corporation as a result of an amalgamation of one or more IFA registrants after August 31, 2004? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, attach Schedule A	b) Is the corporation exempt from tax under Section 27 of the <i>Income Tax Act</i> (British Columbia)? <input type="checkbox"/> YES <input type="checkbox"/> NO
c) Is the corporation incorporated or amalgamated in Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please provide date of incorporation or amalgamation YYYY / MM / DD	d) Please provide the corporation's IFC registration number
e) Does the corporation have a permanent establishment in British Columbia? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide name of city _____		

4. Type of Corporation

Life Science Patents

Other

5. Supporting Documentation

Schedule A: Amalgamation Schedule

Schedule B: Authorization Form

ATTACHMENTS

List of directors and contact information

Incorporating and legal documentation

Business plan(s) related to international financial business(es)

A copy of the most recent financial statements, corporate income tax returns and interim financial statements (if available)

List of related or affiliated corporations

List of international financial activities

6. Fees

\$5,000.00 fee is attached.

No fee submitted. Please complete Schedule A (see [Guide to Filling Out the Application for Registration of a Corporation](#)).

7. Certification – An authorized signing authority must make the following declaration.

I, _____, *Print Name in Full*, certify that, to the best of my knowledge and belief, all of the information given in this application is true, correct and complete in all material respects.

AUTHORIZED SIGNING AUTHORITY SIGNATURE	POSITION	DATE SIGNED YYYY / MM / DD
X		
