



Form 19

Certificate of Incorporation No. FI-_____

CREDIT UNION INCORPORATION ACT

SPECIAL RESOLUTION

The following special resolution was passed by the undermentioned credit union on the date stated:

FULL NAME OF CREDIT UNION

DATE RESOLUTION PASSED
YYYY / MM / DD

RESOLUTION (*Insert text of special resolution*)

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

SIGNATURE

RELATIONSHIP TO CREDIT UNION

DATE SIGNED

YYYY / MM / DD

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 *Credit Union Incorporation 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 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.