## **Registered Society / Co-operatives**



## **Business Account Opening**

Select your branch preference:	☐ Cranbrook	☐ Elkford	☐ Fernie	☐ Sparwood				
	☐ Castlegar	☐ Slocan Valley	☐ West Bo	undary				
We understand that your time is valuable and in order to process your account opening request as quickly and efficiently								

as possible we ask that you review the instructions outline and provide the information requested on this form.

- Completed form can be forwarded to StellerVista CU via e-mail at <u>commercial.support@stellervista.com</u> with all the required documentation.
- Completed form can be dropped off at our branches or mailed with all the required documentation
- Forms and information are available on our website at www.stellervista.com

Steller Vista CU is member owned; a \$5 Equity Share deposit is required which will stay with the account until such time that the account is closed.

To open a BC Registered \* Registered Society / Co-operative business account, the following information and documentation is required in order to comply with all Legislative and Credit Union policies.

\*Please note – Society/Co-operatives registered in other provinces or other countries must be registered in BC.

## 1) The following will be required:

- **Proof of Incorporation (Society/Co-operative):** 
  - Certificate of Incorporation
  - Copy of Constitution and Bylaws
  - Director's Registry; List of All current Directors and Officers
  - Proof of Charitable Organization (if applicable)
  - Confirmation of extra-provincial Registration (if applicable)
- Statement of Business Registry through BC Registry as a Corporation. The business must be in Active status.
- 9-digits Business Number (BN)

2) Provide us with the following information about your Registered Society/Co-operatives:

Legal Name of Society/ Co-operative:					
Business Address:					
Mailing					
Civic					
City, Postal Code					
Business Phone Number:					
Web Site/Email Address:					
Are donations being solicited from the public:	O Yes	<b>○</b> No			
Canadian Registered Charity number (if applicable):					
Nature/Purpose of the Society:					
Primary Contact Name:					
Phone #:			Email:	•	

3) Provide us with the following personal information for each of the account signers; if more than three, please add an additional form. Individual signers may provide information directly to <a href="mailto:commercial.support@stellervista.com">commercial.support@stellervista.com</a> if they prefer.



			Signer #1 Signer #2				Signer #2				
Legal I	Name:	First									
		Middle Name									
			☐ No Middle Name ☐ No Middle Name			ame	☐ No Middle Name				
		Last Name									
Addres	s (Civic addres	s): Street									
	•	, Postal Code									
Mailin	g Address (if d										
		,.	☐ Same	as above	☐ Same as above				☐ Same as above		
Birth [	th Date (mm/dd/yyyy)			us above	<u> </u>	Same as above					
SIN											
Contact Number: Home											
-		Work									
		Cell									
- "		Cell									
	Email Address										
Occup											
Access	to Online Ban	King?	☐ Yes	□ No		Yes 🗆	No		Yes No		
Operating accounts that are most appropriate for your needs: Please indicate the account types required:											
	nequing			Saving Investme		ents		USD Chequing			
	☐ Servis Plus			Super Saver		☐ GIC /Term Deposits			☐ USD Chequing		
	J ElectroLin	k Business		tage	age						
Acc	ess to your a	ccounts									
Signate	ories	Online Bank	king /	ATM			Night Deposit		Cheques		
	ounts will be	All account v		Access to the account(s) to deposit to			Expect to use		Will need to order		
	with <b>two to</b>	set up with t	-	he account using a de	bit card		night deposit		cheques		
sign.		to sign restri	ction.	」 Yes			facilities				
			[	□ No			∐Yes		Yes		
			ATM cards will not be issued for withdrawals.				∐No		□No		
									<u> </u>		
CHECKLIST: HAVE YOU SUBMITTED THE FOLLOWING INFORMATION?											
Ц	Required do		_	_							
☐ Certificate of Incorporation											
Copy of Constitution and Bylaws											
	☐ Directory's Registry — List of All directors and Officers										
	☐ Extra-provincial registry (if applicable)										
_		$\square$ Charitable Registration (if applicable)									
	\$100 cheque	100 cheque made payable to the Society/ Co-operative's name									
	Completed and signed Consent form (Consent forms are available via <a href="www.stellervista.com">www.stellervista.com</a> or at branch)										
	Two pieces of copied Valid ID from each signer (Make copies as necessary). Information can be sent to <a href="mailto:commercial.support@stellervista.com">commercial.support@stellervista.com</a> directly if they prefer.										