



**Filing rules**

- The registered office delivery and mailing addresses must be in Yukon.
- The registered office delivery address cannot be a post office box.
- Fee \$40.00 (paper form) \$20.00 (YCOR)

<b>Part 1 – Society information</b>				
Name of society			Registry number	
<b>Applicant</b>				
Last name		Given name(s) – full names are required; initials are not permitted		
Mailing address				
City	Prov./terr.	Postal code	Country	
<b>Applicant relationship to society</b>				
<input type="checkbox"/> I am the person who filed the initial Limited Revival Application.				
<b>Registered office addresses</b>				
<b>Delivery address</b> (no P.O. box)				
City	Prov./terr.	Postal code	Country	
	YT		Canada	
<b>Mailing address</b>				
City	Prov./terr.	Postal code	Country	
	YT		Canada	
<b>Business contact information</b>				
To facilitate communication exchanges while your documents are being processed, you can provide the following:				
<b>Delivery method</b> – Choose one delivery method for receipt of the society’s certified documents.				
<input type="checkbox"/> Society business email. Provide email address: _____				
<input type="checkbox"/> By mail to registered office mailing address				
<b>Society business contact information</b>				
Contact person: _____			Phone: _____	

**Part 2 – Limited revival period: only fill the appropriate section (2.1 or 2.2), not both.**

**2.1 Court order**

The limited revival period will be extended in accordance with the terms and conditions stated in the court order.

Court order number

I have obtained and attached a copy of the entered court order approving the limited revival extension of this society

**2.2 Limited revival period**

Note: The maximum total limited revival period cannot exceed 24 months from the date the society was revived.

Number of months requested

**Part 3 – Signature and authorization**

Under s.209 of the *Societies Act*, it is an offence to make a false or misleading statement in respect of a material fact in a record submitted to the Corporate Registry.

I am authorized to make this filing.

Last name of individual signing this form

Given name(s) of individual signing this form

Title of individual signing this form

Signature

Date signed

YYYY/MM/DD

By signing and submitting this form, you give Corporate Affairs permission to input the data from this paper form into our online registry. Once the information is entered in the registry it will become the official record. While we are doing our best to accurately enter this information, it cannot be guaranteed. It is your responsibility, should any inaccuracies or omissions be found once you get your certified copy, to notify Corporate Affairs within 30 days for correction.