

BCFSA BC Financial Services Authority / Receipt of Strata Corporation (and Section if applicable) Documentation

Civic Address _____

 Strata Plan _____
 Strata Lot # _____

Complex Name _____
 Contact Person _____
 Contact Number/Email _____
 Mgmt. Company _____

STRATA CORPORATION INFORMATION (Check all provided)

- Form B Information Certificate** (and associated documents as identified on Form B) Dated _____
- Registered Bylaws Dated _____
- Engineering Report Dated _____
- Financial Statements Dated _____
- Registered Strata Plan Dated _____
- Registered Strata Plan Amendments Dated _____
- Strata Corporation Insurance Dated _____
- Warranty Information Dated _____

SECTION INFORMATION if applicable (Check all provided)

- Form B Information Certificate** (and associated documents as identified on Form B) Dated _____
- Registered Bylaws Dated _____
- Engineering Report Dated _____
- Financial Statements Dated _____
- Additional Insurance Dated _____

STRATA CORPORATION ANNUAL GENERAL MEETING (AGM) AND SPECIAL GENERAL MEETING MINUTES (Check all provided)

- | | | |
|---|---|---|
| Year _____ | Year _____ | Year _____ |
| <input type="checkbox"/> AGM Date _____ | <input type="checkbox"/> AGM Date _____ | <input type="checkbox"/> AGM Date _____ |
| <input type="checkbox"/> SGM Date _____ | <input type="checkbox"/> SGM Date _____ | <input type="checkbox"/> SGM Date _____ |
| <input type="checkbox"/> SGM Date _____ | <input type="checkbox"/> SGM Date _____ | <input type="checkbox"/> SGM Date _____ |
| <input type="checkbox"/> SGM Date _____ | <input type="checkbox"/> SGM Date _____ | <input type="checkbox"/> SGM Date _____ |

SECTION ANNUAL GENERAL MEETING (AGM) AND SPECIAL GENERAL MEETING MINUTES (Check all provided)

- | | | |
|---|---|---|
| Year _____ | Year _____ | Year _____ |
| <input type="checkbox"/> AGM Date _____ | <input type="checkbox"/> AGM Date _____ | <input type="checkbox"/> AGM Date _____ |
| <input type="checkbox"/> SGM Date _____ | <input type="checkbox"/> SGM Date _____ | <input type="checkbox"/> SGM Date _____ |
| <input type="checkbox"/> SGM Date _____ | <input type="checkbox"/> SGM Date _____ | <input type="checkbox"/> SGM Date _____ |
| <input type="checkbox"/> SGM Date _____ | <input type="checkbox"/> SGM Date _____ | <input type="checkbox"/> SGM Date _____ |

STRATA COUNCIL MEETING MINUTES (Check all provided)

- | | | |
|------------------------------------|------------------------------------|------------------------------------|
| Year _____ | Year _____ | Year _____ |
| <input type="checkbox"/> January | <input type="checkbox"/> January | <input type="checkbox"/> January |
| <input type="checkbox"/> February | <input type="checkbox"/> February | <input type="checkbox"/> February |
| <input type="checkbox"/> March | <input type="checkbox"/> March | <input type="checkbox"/> March |
| <input type="checkbox"/> April | <input type="checkbox"/> April | <input type="checkbox"/> April |
| <input type="checkbox"/> May | <input type="checkbox"/> May | <input type="checkbox"/> May |
| <input type="checkbox"/> June | <input type="checkbox"/> June | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> July | <input type="checkbox"/> July |
| <input type="checkbox"/> August | <input type="checkbox"/> August | <input type="checkbox"/> August |
| <input type="checkbox"/> September | <input type="checkbox"/> September | <input type="checkbox"/> September |
| <input type="checkbox"/> October | <input type="checkbox"/> October | <input type="checkbox"/> October |
| <input type="checkbox"/> November | <input type="checkbox"/> November | <input type="checkbox"/> November |
| <input type="checkbox"/> December | <input type="checkbox"/> December | <input type="checkbox"/> December |

SECTION EXECUTIVE MEETING MINUTES (Check all provided)

- | | | |
|------------------------------------|------------------------------------|------------------------------------|
| Year _____ | Year _____ | Year _____ |
| <input type="checkbox"/> January | <input type="checkbox"/> January | <input type="checkbox"/> January |
| <input type="checkbox"/> February | <input type="checkbox"/> February | <input type="checkbox"/> February |
| <input type="checkbox"/> March | <input type="checkbox"/> March | <input type="checkbox"/> March |
| <input type="checkbox"/> April | <input type="checkbox"/> April | <input type="checkbox"/> April |
| <input type="checkbox"/> May | <input type="checkbox"/> May | <input type="checkbox"/> May |
| <input type="checkbox"/> June | <input type="checkbox"/> June | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> July | <input type="checkbox"/> July |
| <input type="checkbox"/> August | <input type="checkbox"/> August | <input type="checkbox"/> August |
| <input type="checkbox"/> September | <input type="checkbox"/> September | <input type="checkbox"/> September |
| <input type="checkbox"/> October | <input type="checkbox"/> October | <input type="checkbox"/> October |
| <input type="checkbox"/> November | <input type="checkbox"/> November | <input type="checkbox"/> November |
| <input type="checkbox"/> December | <input type="checkbox"/> December | <input type="checkbox"/> December |

Additional documents not listed above: _____

The documents listed above have been provided by the Strata Corporation (and Section if applicable). Neither the listing nor selling brokerages and their licensees warrant the accuracy of the information. The buyer is urged to read these documents carefully and to confer with professional advisors of his/her choice.

ACKNOWLEDGEMENT

<p>(Name of person receiving documents) _____ (Signature of person receiving documents) _____</p> <p>acknowledges receipt of the documents noted above from</p> <p>(Name of person providing documents) _____ (Signature of person providing documents) _____</p> <p>on the _____ day of _____, 20_____.</p>	<p>NOTE: If the documents are initially received by a licensee and subsequently provided to the buyer, the following is to be completed.</p> <p>(Name of buyer) _____ (Signature of buyer) _____</p> <p>acknowledges receipt of the documents noted above from</p> <p>(Name of licensee providing documents) _____ (Signature of licensee providing documents) _____</p> <p>on the _____ day of _____, 20_____.</p>
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