

**Notice of Directors and Officers for**

**Society**

\_\_\_\_\_  
*(society name)*

Appointment date: \_\_\_\_\_

Please check one: \_\_\_\_\_  
*(yyyy/mm/dd)*

- The following are to serve as the first directors and officers\* from the date of incorporation until the close of business at the first annual general meeting.
- The following is the updated list of directors and officers\* as of the appointment date.

\*The Societies Act requires that a notice of Directors be provided. Information regarding appointment of officers is supplementary.

Director or Officer \_\_\_\_\_  
*(print or type name)*

\_\_\_\_\_  
*(signature)*

Date signed: \_\_\_\_\_  
*(yyyy/mm/dd)*

Check one or both:  Director  Officer

Name: \_\_\_\_\_  
*(first name and middle initial)* \_\_\_\_\_  
*(last name)*

Residential address: \_\_\_\_\_  
*(civic number and street)* \_\_\_\_\_  
*(apt / suite / unit)*

\_\_\_\_\_  
*(town or municipality)* \_\_\_\_\_  
*(province or state)*

\_\_\_\_\_  
*(country)* \_\_\_\_\_  
*(postal code)*

\_\_\_\_\_  
*(occupation)* \_\_\_\_\_  
*(position held if officer)*

Check one or both:  Director  Officer

Name: \_\_\_\_\_  
*(first name and middle initial)* \_\_\_\_\_  
*(last name)*

Residential address: \_\_\_\_\_  
*(civic number and street)* \_\_\_\_\_  
*(apt / suite / unit)*

\_\_\_\_\_  
*(town or municipality)* \_\_\_\_\_  
*(province or state)*

\_\_\_\_\_  
*(country)* \_\_\_\_\_  
*(postal code)*

\_\_\_\_\_  
*(occupation)* \_\_\_\_\_  
*(position held if officer)*



Service Nova Scotia

Update Forms
Societies Act
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Registry of Joint Stock Companies

Check one or both: [ ] Director [ ] Officer

Name: (first name and middle initial) (last name)

Residential address: (civic number and street) (apt / suite / unit)

(town or municipality) (province or state)

(country) (postal code)

(occupation) (position held if officer)

Check one or both: [ ] Director [ ] Officer

Name: (first name and middle initial) (last name)

Residential address: (civic number and street) (apt / suite / unit)

(town or municipality) (province or state)

(country) (postal code)

(occupation) (position held if officer)

Check one or both: [ ] Director [ ] Officer

Name: (first name and middle initial) (last name)

Residential address: (civic number and street) (apt / suite / unit)

(town or municipality) (province or state)

(country) (postal code)

(occupation) (position held if officer)

For office use only

Regis ID#: [ ] Date filed: [ ]