

Please complete the appropriate information and submit this form within 15 days of a change of address of the corporation or its agent and where requested by the Minister to Financial Institutions - Policy, 522 Terrace Building, 9515 – 107 Street, EDMONTON, Alberta, T5K 2C3, (780) 427-5064.

The personal information provided on this form is collected for the purpose of administering the *Alberta Credit Union Act*. It is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* and protected by the privacy provisions of the Act. If you have any questions about this collection, please contact our office using the information provided above.

Credit Union Name: _____

Incorporation No.: _____

Effective Date: _____

Registered Office:

Address: _____

Postal Code: _____

Telephone No.: _____ Fax No.: _____

Mailing Office: *Check if same as Registered Office*

Address: _____

Postal Code: _____

Telephone No.: _____ Fax No.: _____

Records Office: *Check if same as Registered Office*

Address: _____

Postal Code: _____

Telephone No.: _____ Fax No.: _____

Signed: _____
(Secretary of the Board of Directors)

Date: _____