

Telephone: 250 356-8626

**INSTRUCTIONS:**

Please type or print clearly in block letters and ensure that the form is signed and dated in ink.

- Item B** Enter the corporation's name exactly as shown on the Certificate of Incorporation, Registration, Amalgamation, Continuation or Change of Name.
- Item C** Enter the full name of the receiver or receiver manager who has ceased to act. If the receiver or receiver manager is a corporation or firm enter the name of the corporation or firm.
- Item D** Indicate whether the cessation is as the receiver or the receiver manager of the corporation.
- Item F** If the receiver or receiver manager is a corporation or firm this form must be signed by an authorized signing authority for the corporation or firm.

Section 106 of the *Business Corporations Act* requires this notice be filed within 7 days after the receiver or receiver manager has ceased to act.

**Filing Fee: \$20.00**

Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the registry with authorization to debit the fee from your BC OnLine Deposit Account. Please pay in Canadian dollars or in the equivalent amount of US funds.

**Freedom of Information and Protection of Privacy Act (FIPPA):** The personal information requested on this form is made available to the public under the authority of the *Business Corporations Act*. Questions about how the *FIPPA* applies to this personal information can be directed to the Administrative Assistant of the Corporate and Personal Property Registries at 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

**OFFICE USE ONLY – DO NOT WRITE IN THIS AREA****A INCORPORATION/REGISTRATION NUMBER OF CORPORATION****B NAME OF CORPORATION****C FULL NAME OF RECEIVER OR RECEIVER MANAGER**

LAST NAME

FIRST NAME

MIDDLE NAME

CORPORATION OR FIRM NAME

**D CESSATION – Choose one of the following:**

- I have ceased to act as the receiver for this corporation.
- I have ceased to act as the receiver manager for this corporation.

**E DATE OF CESSATION**

YYYY / MM / DD

**F CERTIFIED CORRECT – I have read this form and found it to be correct.**

NAME OF RECEIVER/RECEIVER MANAGER

SIGNATURE OF RECEIVER/RECEIVER MANAGER

DATE SIGNED

YYYY / MM / DD

X