

Ministry of Finance **BC** Registry Services Mailing Address: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3 Location: 2nd Floor - 940 Blanshard Street Victoria BC

APPLICATION FOR (VOLUNTARY) DISSOLUTION

FORM 17 – BC COMPANY

Section 316 Business Corporations Act

Telephone: 250 356-8626

DO NOT MAIL THIS FORM to BC Registry Services unless you are instructed to do so by registry staff. The Regulation under the Business Corporations Act requires the electronic version of this form to be filed on the Internet at www.corporateonline.gov.bc.ca

INSTRUCTIONS FOR PAPER SUBMISSION OF THIS FORM: Please type or print clearly in block letters and ensure that the form Freedom of Information and Protection of Privacy Act (FOIPPA): The personal information requested on this is signed and dated in ink. form is made available to the public under the authority Item B Enter the name exactly as shown on the Certificate of Incorporation, of the Business Corporations Act. Questions about how the FOIPPA applies to this personal information can be Amalgamation, Continuation or Change of Name. directed to the Executive Coordinator of the BC Registry **Item D** Enter the full name of the person submitting the application for Services at 250 356-1198, PO Box 9431 Stn Prov Govt, the company. Victoria BC V8W 9V3. Item F If the person who will have custody of the records is a corporation or firm, enter the full name of the corporation or firm. OFFICE USE ONLY - DO NOT WRITE IN THIS AREA Under section 351 of the Business Corporations Act, the "dissolved company's records" means in relation to a company that is dissolved under this Act (if no liquidator was appointed) the records that the company was, immediately before its dissolution, required to keep under section 42. Item G The delivery address must be for a location in BC that is accessible to the public between 9 a.m. and 4 p.m. on business days for the delivery of records. The address must not be a post office box. 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. A INCORPORATION NUMBER OF COMPANY TO BE DISSOLVED B NAME OF COMPANY TO BE DISSOLVED C DISSOLUTION EFFECTIVE DATE - Choose one of the following: The dissolution is to take effect at the time that this application is filed with the registrar. YYYY / MM / DD The dissolution is to take effect at 12:01a.m. Pacific Time on being a date that is not more than ten days after the date of the filing of this application. YYYY / MM / DD The dissolution is to take effect at a.m. or p.m. Pacific Time on being a date and time that is not more than ten days after the date of the filing of this application. D FULL NAME OF PERSON SUBMITTING THE APPLICATION LAST NAME FIRST NAME MIDDLE NAME CORPORATION OR FIRM NAME E MAILING ADDRESS OF PERSON SUBMITTING THE APPLICATION PROVINCE POSTAL CODE

LAST NAME	FIRST NAME	MIDDLE NAME	
CORPORATION OR FIRM NAME			
G ADDRESSES OF LOCATION OF "DISSOLVED CO	DMPANY'S RECORDS"		
DELIVERY ADDRESS OF LOCATION OF "DISSOLVED COMPANY'S	RECORDS"	PROVINCE	POSTAL CODE
		ВС	
MAILING ADDRESS OF LOCATION OF "DISSOLVED COMPANY'S F	RECORDS"	PROVINCE	POSTAL CODE
		ВС	
H CERTIFIED CORRECT – I have read this form	and found it to be correct.		
I also confirm that the affidavit required by and deposited in the company's records of		ations Act h	as been obtained
NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE COMPANY	SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE CO	OMPANY DATE	SIGNED YYYYMMDD
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