



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 name exactly as shown on the Certificate of Incorporation, Amalgamation, Continuation or Change of Name.
- Item C** If the liquidator is a corporation or firm, enter the full name of the corporation or firm.
- Item D** The delivery address must be a physical address where notices and records can be delivered. The delivery address must not be a post office box.
- Item E** See section 312(a) of the *Business Corporations Act* for a definition of "commencement of the liquidation."
- Item F** 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.

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 NUMBER OF COMPANY

B NAME OF COMPANY

C FULL NAME OF EACH PERSON APPOINTED AS A LIQUIDATOR FOR THE COMPANY

(Attach an additional sheet if more space is required.)

LAST NAME

FIRST NAME

MIDDLE NAME

CORPORATION OR FIRM NAME

D LIQUIDATOR ADDRESSES

DELIVERY ADDRESS

PROVINCE

POSTAL CODE

MAILING ADDRESS

PROVINCE

POSTAL CODE

E DATE OF COMMENCEMENT OF LIQUIDATION

YYYY / MM / DD

_____ a.m. or p.m. on _____

F SET OUT THE DELIVERY AND MAILING ADDRESSES OF THE LIQUIDATION RECORDS OFFICE

DELIVERY ADDRESS OF THE LIQUIDATION RECORDS OFFICE

PROVINCE

POSTAL CODE

BC

MAILING ADDRESS OF THE LIQUIDATION RECORDS OFFICE

PROVINCE

POSTAL CODE

BC

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

NAME OF AUTHORIZED SIGNING OFFICER FOR THE COMPANY

SIGNATURE OF AUTHORIZED SIGNING OFFICER FOR THE COMPANY

DATE SIGNED

YYYY / MM / DD

X