

Ministry of Finance Corporate and Personal Property Registries www.fin.gov.bc.ca/registries

Mailing Address: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3 Location: 2nd Floor - 940 Blanshard Street Victoria BC

NOTICE OF WITHDRAWAL FORM 20 **EXTRAPROVINCIAL COMPANY**

Sections 392 & 394 Business Corporations Act

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 extraprovincial company's Certificate of Registration or enter the name exactly as shown on any change of name certificate or other certificate of registration issued by the registrar in relation to the extraprovincial company.
- Item D If the applicant is a corporation or firm, enter the full name of the corporation or firm.
- Item F. If the applicant is a corporation or firm, this form must be signed.

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

by an authorized signing author		
to the Minister of Finance, or p authorization to debit the fee fi		
A REGISTRATION NUMBER OF EXTRAF	PROVINCIAL COMPANY	
B NAME OF EXTRAPROVINCIAL COMPA	ANY	
C RECORD TO BE WITHDRAWN		
Indicate the record to be withdrawn These records can only be withdraw	under the <i>Business Corporations Act</i> and the vn on the day they are filed.	e date and time that record was filed.
Notice of Change of Address	of Attorney (Form 39) — withdrawn under section	392
Filed Date	and Time	a.m. or p.m. Pacific Time
Notice of Revocation of Appoi	intment of Attorney (Form 40) - withdrawn under	section 394
Filed Date	and Time	a.m. or p.m. Pacific Time
D FULL NAME OF APPLICANT LAST NAME	FIRST NAME	MIDDLE NAME
CORPORATION OR FIRM NAME		
RELATIONSHIP OF APPLICANT TO THE	EXTRAPROVINCIAL COMPANY	
E CERTIFIED CORRECT – I have rea	ad this form and found it to be correct.	
NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE SIGNED YYYY / MM / DD
	×	TITT/WW//DD

All withdrawals must be received by the Corporate and Personal Property Registries in sufficient time to process before the record to be withdrawn takes effect.