



**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 CHANGE OF  
 ADDRESS OF LIQUIDATOR  
 (AND/OR LIQUIDATION  
 RECORDS OFFICE)  
 FORM 22 – BC COMPANY**  
 Section 329 *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 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** 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.
- Item F** If the liquidator is a corporation or firm, this form must be signed by an authorized signing authority for the corporation or firm.

**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 LIQUIDATOR**

LAST NAME	FIRST NAME	MIDDLE NAME
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CORPORATION OR FIRM NAME

**D CHANGE OF ADDRESS OF LIQUIDATOR**

DELIVERY ADDRESS OF LIQUIDATOR	PROVINCE	POSTAL CODE
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MAILING ADDRESS OF LIQUIDATOR	PROVINCE	POSTAL CODE
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**E CHANGE OF ADDRESS OF LIQUIDATION RECORDS OFFICE**

DELIVERY ADDRESS OF THE LIQUIDATION RECORDS OFFICE	PROVINCE	POSTAL CODE
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**BC**

MAILING ADDRESS OF THE LIQUIDATION RECORDS OFFICE	PROVINCE	POSTAL CODE
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**BC**

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

NAME OF LIQUIDATOR	SIGNATURE OF LIQUIDATOR	DATE SIGNED YYYY / MM / DD
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**X**