



NOTICE OF CEASING TO ACT AS LIQUIDATOR

FORM 23 – BC COMPANY Section 329 Business Corporations Act

Telephone: 1 877 526-1526 www.bcregistryservices.gov.bc.ca

Mailing Address: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3

Location: 200 - 940 Blanshard Street Victoria BC V8W 3E6

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 E 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 (FOIPPA): Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Business Corporations Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Executive Coordinator of the BC Registry Services at 1 877 526-1526, 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 CEASING TO ACT

LAST NAME

FIRST NAME

MIDDLE NAME

CORPORATION OR FIRM NAME

D DATE OF CESSATION

YYYY / MM / DD

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

NAME OF LIQUIDATOR

SIGNATURE OF LIQUIDATOR

DATE SIGNED

YYYY / MM / DD

X