



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 or Change of Name.

Item E Enter the full address for the liquidator, if any, or other person who is responsible for the care and custody of the association records. The address must be a complete physical address. You may include general delivery, post office box, rural route, site or comp. number as part of the address, but the Corporate Registry cannot accept this information as complete address. You must also include a postal code. If the area does not have street names or numbers, provide a description that would readily allow a person to locate you (For example, Four miles East on Howard Road, left hand side near the church, Creston, BC).

Filing Fee:

Form 10 - \$20 (Submit in duplicate)

Form 6 - \$70 (Submit in duplicate)

Affidavit - \$20

Submit these forms along with the original certificate and cheque or money order in the amount of \$110, made payable to the Minister of Finance, or provide the Corporate 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 Cooperative Association 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.

A INCORPORATION NUMBER OF ASSOCIATION TO BE DISSOLVED

B NAME OF ASSOCIATION TO BE DISSOLVED

C DISSOLUTION STATEMENT - Choose one of the following:

- Two checkbox options for dissolution statements: 1. The Association has, by special resolution, voluntarily resolved to dissolve the Association under section 197 of the Cooperative Association Act. The Association has no assets and has no liabilities. 2. The Association has, by special resolution, voluntarily resolved to dissolve the Association under section 197 of the Cooperative Association Act. The Association has no assets and has made provision for the payment of each of the Association's unpaid liabilities and has obtained the written consent to that provision for payment from each creditor whose identity is known to the Association and who has an unpaid claim against the Association that exceeds \$200.

D FULL NAME OF LIQUIDATOR, IF ANY, OR OTHER PERSON WHO IS RESPONSIBLE FOR THE CARE AND CUSTODY OF THE ASSOCIATION'S RECORDS

LAST NAME FIRST NAME MIDDLE NAME

E MAILING ADDRESS OF LIQUIDATOR, IF ANY, OR OTHER PERSON WHO IS RESPONSIBLE FOR THE CARE AND CUSTODY OF THE ASSOCIATION'S RECORDS

PROVINCE POSTAL CODE

F RELATIONSHIP TO ASSOCIATION OF PERSON WHO IS RESPONSIBLE FOR THE CARE AND CUSTODY OF THE ASSOCIATION'S RECORDS

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

NAME OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION - Please print

SIGNATURE OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION

DATE SIGNED

YYYY / MM / DD

X