



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 or Certificate of Amalgamation.
Item C The date of recognition is the date of incorporation or amalgamation of the company in liquidation.
Item D Enter the date of the liquidation report, this date must be an anniversary date of the company's recognition in BC.
Item G 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.

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 purpose of assessment.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

A INCORPORATION NUMBER OF COMPANY

B NAME OF COMPANY

C DATE OF RECOGNITION

YYYY / MM / DD

D DATE OF LIQUIDATION REPORT

YYYY / MM / DD

E OFFICER NAME(S) AND ADDRESS(ES) - Enter the full name, delivery address, mailing address (if different) and office held of each of the company's officers, if any.

LAST NAME

FIRST NAME

MIDDLE NAME

DELIVERY ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

MAILING ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

OFFICE(S) HELD (e.g. president, secretary, vice president)

LAST NAME

FIRST NAME

MIDDLE NAME

DELIVERY ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

MAILING ADDRESS

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

OFFICE(S) HELD (e.g. president, secretary, vice president)

LAST NAME		FIRST NAME	MIDDLE NAME
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY
MAILING ADDRESS		PROVINCE/STATE	COUNTRY
OFFICE(S) HELD (e.g. president, secretary, vice president)			

LAST NAME		FIRST NAME	MIDDLE NAME
DELIVERY ADDRESS		PROVINCE/STATE	COUNTRY
MAILING ADDRESS		PROVINCE/STATE	COUNTRY
OFFICE(S) HELD (e.g. president, secretary, vice president)			

F COMPANY CHANGES

A liquidator must file with the registrar a notice of any change to the information shown in the Corporate Register. Has there been a change to any of the following:

- Liquidator's name and address
- Liquidation records office address(es)
- Company's registered and/or records office address(es)
- Company's directors
- Director's address(es)

If yes, phone 1 877 526-1526 for information on how to file these changes.

G 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	