



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 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.
Item E See section 312(a) of the Business Corporations Act for a definition of "commencement of the liquidation."
Item F 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.

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...

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

A INCORPORATION NUMBER OF COMPANY

B NAME OF COMPANY

C FULL NAME OF EACH PERSON APPOINTED AS A LIQUIDATOR FOR THE COMPANY

(Attach an additional sheet if more space is required.)

LAST NAME FIRST NAME MIDDLE NAME

CORPORATION OR FIRM NAME

D LIQUIDATOR ADDRESSES

DELIVERY ADDRESS PROVINCE POSTAL CODE

MAILING ADDRESS PROVINCE POSTAL CODE

E DATE OF COMMENCEMENT OF LIQUIDATION

YYYY / MM / DD

\_\_\_ a.m. or \_\_\_ p.m. on \_\_\_

F SET OUT THE DELIVERY AND MAILING ADDRESSES OF THE LIQUIDATION RECORDS OFFICE

DELIVERY ADDRESS OF THE LIQUIDATION RECORDS OFFICE PROVINCE POSTAL CODE

BC

MAILING ADDRESS OF THE LIQUIDATION RECORDS OFFICE PROVINCE POSTAL CODE

BC

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

NAME OF AUTHORIZED SIGNING OFFICER FOR THE COMPANY SIGNATURE OF AUTHORIZED SIGNING OFFICER FOR THE COMPANY DATE SIGNED YYYY / MM / DD

X