



**PROVINCE OF
BRITISH COLUMBIA**

**NOTES TO DEMOGRAPHIC DATA
CORRECTION APPLICATION**

Toll Free: 1-800-665-6597
Phone: (250) 952-0136
Fax: (250) 952-0371
Email: InvestmentCapital@gov.bc.ca

Freedom of Information and Protection of Privacy Act (FIPPA) The information collected on this form is collected under the authority of the **Employee Investment Act, RSBC 1996 c. 112 (Act)**, and is subject to the provisions of the FIPPA. The personal information will be used for the administration of the Act and the issuance of tax credits. For more information regarding this form and the FIPPA please contact the **Venture Capital Tax Credit Program, Box 9800 Stn Prov Govt, Victoria, B.C. V8W 9W1**

Please make sure all Attachments required to support the claims are clear and legible otherwise, the application could be rejected or delayed. Photocopies or fax transmissions of poor quality will be automatically rejected. Original documents received will be returned to the sender. Photocopies will not be returned.

This form and all attachments must be mailed or couriered directly to the following address:

Attention: Administrator
Venture Capital Tax Credit Program
Employee Share Ownership Program
PO Box 9800, Stn Prov Govt
Victoria, British Columbia V8W 9W1

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SECTION 1 TO BE COMPLETED BY THE EMPLOYEE SHAREHOLDER

I hereby request the Administrator of the *Employee Investment Act* to amend my ESOP/EVCC investment records to reflect the correct information. I understand that these changes are for data administration purposes only and that the Administrator will not re-issue a new tax credit certificate.

Signature	Print Full Legal Name	Date
Reasons for Changes / Comments		Telephone No.
		Fax No.

SECTION 2 ORIGINAL EMPLOYEE SHAREHOLDER DETAILS (complete as filed by the ESOP/EVCC Co. including incorrect information)

Last Name	First Name	Social Insurance No.
Address	City, Province	Postal Code

SECTION 2B ORIGINAL INVESTMENT DETAILS

No. of Shares	Investment Amount	Investment Date	Account No.	Batch No.

SECTION 2C ANNUITANT INFORMATION DETAILS (complete only if the shares were purchased into a spousal account)

Full Name	SIN	Account No.

SECTION 3 REPLACE THE ABOVE WITH THE FOLLOWING DATA (complete only the applicable sections that need to be corrected)

<input type="checkbox"/> Employee Shareholder Name Correction (Attach supporting documents i.e. birth certificate, marriage certificate or driver's license)			
	Last Name	First Name	Middle Name
<input type="checkbox"/> Address Correction			
	Address	City, Province	Postal Code
<input type="checkbox"/> S.I.N. Correction (Attach copy of SIN card)		<input type="checkbox"/> Account Number Correction	<input type="checkbox"/> Investment Date Correction (Subject to Ministry's Approval)
<input type="checkbox"/> Annuitant's Data Correction (Attach supporting documents i.e. birth certificate, marriage certificate or driver's license)			
	Legal Name of Annuitant	S.I.N. (Attach copy of S.I.N. card)	Account No.

SECTION 4 GOVERNMENT USE

Updated By	Update Date	Notes