

APPLICATION FOR (VOLUNTARY) DISSOLUTION

FORM 17S BC SCHOOL DISTRICT BUSINESS COMPANY

Section 316 Business Corporations Act

Telephone: 1 877 526-1526 200 - 940 Blanshard Street PO Box 9431 Stn Prov Govt Location: Mailing Address: Victoria BC V8W 9V3 Victoria BC V8W 3E6 www.bcregistryservices.gov.bc.ca

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 Enter the full name of the person submitting the application for the company.
- Item E If the person who will have custody of the records is a corporation or firm, enter the full name of the corporation or firm. Under section 351 of the Business Corporations Act, the "dissolved company's records" means, in relation to a company
- I

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. 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

YYYYMMDD

	that is dissolved under this Act (if no liquidator was appointed), the records that the company was, immediately before its dissolution, required to keep under section 42.			
tem 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. The address must not be a post			
	office box.			
iling F	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.			
INC	ORPORATION NUMBER OF COMPANY TO BE DISSOLVED			
NAN	ME OF COMPANY TO BE DISSOLVED			
	L NAME OF PERSON SUBMITTING THE APPLICATION			
LAST	Γ NAME FIRST NAME	MIDDLE	NAME	
CORE	PORATION OR FIRM NAME			
COM	PONATION ON FINIMINAMIL			
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		PROVIN	CE	POSTAL CODE
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MAIL	ING ADDRESS OF LOCATION OF "DISSOLVED COMPANY'S RECORDS"	PROVIN	CE	POSTAL CODE
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SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE COMPANY

X

NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE COMPANY