



## GENERAL INQUIRIES

Telephone: 250-356-0890

Toll free: 1-800-663-7867

Website: [gov.bc.ca/taxappeals](http://gov.bc.ca/taxappeals)

**Freedom of Information and Protection of Privacy Act (FOIPPA)** – The personal information on this form is collected for the purpose of administering the relevant taxation act(s) under the authority of sections 26(a) and 26(c) of the FOIPPA. Questions about the collection or use of this information can be directed to the Director, Appeals, PO Box 9629 Stn Prov Govt, Victoria BC V8W 9P1 (telephone: Victoria at 250-356-0890 or toll free at 1-800-663-7867 and ask to be re-directed).

## INSTRUCTIONS

- Use this form, or write a letter, to request arbitration for fair market value issues under the Property Transfer Tax Act. If you choose arbitration, you give up your right to appeal to the court.
  - Before completing this form, see our [website](#) or [Bulletin GEN 002](#), Appeals, to understand what issues may be arbitrated.
  - Your request for arbitration must be received within 90 days from the date on the minister's decision letter.
  - Complete this form in full. We will not process this form if it is not signed.
  - Submit this form using one of the following methods:
    - By mail:** Tax Appeals and Litigation Branch  
Ministry of Finance  
PO Box 9629 Stn Prov Govt  
Victoria BC V8W 9P1
    - By fax:** 250-387-5883
    - By courier:** Tax Appeals and Litigation Branch  
Ministry of Finance  
2nd Floor - 1810 Blanshard Street  
Victoria BC V8T 4J1
- If you fax your notice of arbitration, do **not** mail the original. If you mail or courier the completed form, keep a photocopy.

## PART A – APPLICANT INFORMATION

FULL LEGAL NAME

NAME OF BUSINESS (if applicable)		TITLE (if applicable)	
MAILING ADDRESS (include street or PO box)		CITY	PROVINCE
			POSTAL CODE
ACCOUNT NUMBER	DAYTIME TELEPHONE NUMBER	TELEPHONE NUMBER (alternate)	
EMAIL ADDRESS (if you wish to be contacted by email)		FAX NUMBER	

## PART B – REPRESENTATIVE INFORMATION (if required)

Complete this section only if you wish to designate a representative to handle the arbitration process on your behalf. This authorizes the Ministry of Finance to release confidential taxpayer information to the representative in matters related to the arbitration. The authorization is valid until revoked in writing. A representative can be an individual or a firm. You can designate a specific individual at a firm by filling out both name fields. If you do, we will only discuss your file with that particular individual.

NAME OF REPRESENTATIVE (individual)		FIRM NAME (if applicable)	
MAILING ADDRESS (include street or PO box)		CITY	PROVINCE
			POSTAL CODE
EMAIL ADDRESS (if applicable)	TELEPHONE NUMBER	FAX NUMBER	

☐ I authorize the Ministry of Finance to communicate with my representative by fax and/or email.

**PART C – MINISTER’S DECISION INFORMATION**

Provide the following information about the minister’s decision that you are arbitrating. Include a copy of related documents.

REFERENCE NUMBER (e.g. return or letter)	DATE OF DECISION LETTER YYYY / MM / DD	PROPERTY DESCRIPTION

**PART D – ARBITRATION INFORMATION**

Describe what you wish to arbitrate.

**PART E – ACKNOWLEDGEMENT AND CERTIFICATION**

By checking (✓) the following, I acknowledge that:

☐ only the issue of fair market value will be determined by arbitration.

☐ by serving this notice of arbitration, I waive my right to appeal the minister’s decision to the Supreme Court of B.C.

I certify that the information provided on this form and on all attached documents is correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT

NAME OF APPLICANT

DATE SIGNED  
YYYY / MM / DD

**X**