

Telephone: 1 877 526-1526 www.bcregistryservices.gov.bc.ca Mailing Address: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3

Courier Address: 200 – 940 Blanshard Street Victoria BC V8W 3E5

DISSOLUTION OF PROPRIETORSHIP OR PARTNERSHIP REGISTRATION

DO NOT MAIL

GENERAL INSTRUCTIONS

Read the instructions of each section carefully and remember to sign the form and include the appropriate fee, if applicable.

- A. Name and Email Address: All correspondence and documents will be emailed to this address.
- **B.** Submitting Party Information: Provide a phone number and email address at which the submitting party may be contacted.
- C. Registered Business Name and the Corporate Registry Registration Number: Enter the current business name. You can confirm the name and number at the Corporate Registry by contacting the Name Reservation/Partnership Unit at 1 877 526-1526.
- **D. Date of Dissolution:** Enter the date the dissolution date of the business. The dissolution datte must be after the business start date and registration date. The dissolution date cannot be in the future.

If you need assistance to complete this form, please phone **1 877 526-1526**.

DO NOT MAIL Complete this filing online at www.bcregistry.ca/business

FEE SCHEDULE

Dissolve proprietorship or partnership: Certified copy of dissolved Registration: No charge No charge

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 *Partnership Act* for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

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BRITISH COLUMBI	I BC Registry IA Services	У	DISSOLUTION OF PROPRIETORSHIP OR PARTNERSHIP REGISTRATION
Telephone: 1 877 526-1526 www.bcreg.ca	Mailing Address	s: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3	Courier Address: 200 – 940 Blanshard Street Victoria BC V8W 3E6
A. Name and contact information	of completing party		
FIRST NAME	MIDDLE NAME	LAST NAME	OFFICE USE ONLY — DO NOT WRITE IN THIS AREA
STREET	СПУ	PROVINCE POSTAL CODE	
EMAIL		<u> </u>	
 Instructions: All sections must be completed. Please TYPE or PRINT CLEARLY. 			NATIONAL BUSINESS NUMBER
B. Submitting Party Information – Phone Number:	• Phone and/or fax number(s). Fax Number:	
C. Registered Business Name – Ent	ter current name	Corporate Registry Registration Number	
D. Dissolution Date – Enter the date	e of dissolution		YYYY MM DD