



**PROVINCE OF  
BRITISH COLUMBIA**

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**Venture Capital Corporation  
ANNUAL RETURN**

*Freedom of Information and Protection of Privacy Act (FIPPA)* The information collected on this form is collected under the authority of the *Small Business Venture Capital Act*, RSBC 1996 c. 429 (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, PO Box 9800 Stn Prov Govt, Victoria, BC V8W 9W1

Name of Venture Capital Corporation (VCC)

THIS ANNUAL RETURN IS FOR THE FISCAL YEAR THAT ENDED ON (dd/mm/yy)     /     /

**For the period covered by this Annual Return:**

	Yes	No	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Did the VCC change a provision of its Articles with respect to its authorized share structure or share rights and restrictions? [If "Yes", please provide details]
2.	<input type="checkbox"/>	<input type="checkbox"/>	Did the VCC receive any dividends from an eligible small business (ESB) investment? [If "Yes", please provide details]
3.	<input type="checkbox"/>	<input type="checkbox"/>	Did the VCC redeem any of its shares? [If "Yes", was the information reported to the Venture Capital Tax Credit Program? Yes <input type="checkbox"/> No <input type="checkbox"/> . If the latter is "No", attach details including investor name, transaction date, number of shares, investor's cost and consideration paid by VCC]
4.	<input type="checkbox"/>	<input type="checkbox"/>	Did any VCC shareholder, officer or director, or any associates or affiliates of same, receive any fees or remuneration of any kind from an ESB? [If "Yes", please provide details]
5.	<input type="checkbox"/>	<input type="checkbox"/>	Did the VCC pay expenses to any person or group that controls, directly or indirectly, the VCC? [If "Yes", were they approved by Special Resolution? Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	Have all Regulation 14 events and/or transactions been reported to the Administrator? [If "No", please provide details]
7.	<input type="checkbox"/>	<input type="checkbox"/>	Did the VCC divest any investments? [If "Yes", please provide details]

Please indicate the following:

Equity capital raised this period	\$
Investment Protection Account balance at reporting period end	\$
Total expenses since VCC inception	\$
Management fees since VCC inception	\$
Investment(s) in ESB(es) at cost	\$

**Please attach the VCC's financial statements and the updated Central Securities Register to this form.**

**CERTIFICATION**

I am a Director or Officer of the VCC duly authorized to execute this Annual Return and a) have read Sections 26 and 35 of the *Small Business Venture Capital Act* and understand that it is an offence and that it may expose me to personal liability to make a false or misleading statement in this Annual Return; and b) to the best of my knowledge, all statements made and information provided in this Annual Return and attachments are true, correct and complete.

Position	Full Name	Signature	Date
Telephone (     )	Email		