

Extraprovincial Company

CESSATION OF ACTIVITIES

BUSINESS CORPORATION ACT, section 391

New West Partnership Trade Agreement

Telephone: 1877526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Courier Address: 200 - 940 Blanshard Street Email: bcregistries@gov.bc.ca Victoria BC V8W 9V3 Victoria BC V8W 3E6

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 extraprovincial company's
- lt
- lt

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 purposes 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

	Certificate of Registration, or enter the name exactly as shown on any Change of Name certificate or registration certificate issued by		877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.		
	the registrar as a result of an amalgamation of company.	•	OFFICE USE ONLY – DO NO	OT WRITE IN THIS AREA	
em C	Tick (✓) the box to indicate that the extraprove ceased to carry on business in BC.	incial company has			
em D	This is the signature of the authorized signing a for the extraprovincial company. If the authorize authority is an attorney for the extraprovincial that attorney is a BC company, this form must be authorized signing authority for that company	zed signing company and be signed by an			
REG	STRATION NUMBER OF EXTRAPROVINCIAL COM	PANY			
		PANY			
	STRATION NUMBER OF EXTRAPROVINCIAL COM	PANY			
NAM		PANY			
NAM	IE OF EXTRAPROVINCIAL COMPANY	rry on business			
CEA	SING TO CARRY ON BUSINESS The extraprovincial company has ceased to ca	rry on business be cancelled.		DATE SIGNED	
CEA:	SING TO CARRY ON BUSINESS The extraprovincial company has ceased to cain BC and hereby requests that its registration	rry on business be cancelled.	UTHORITY FOR	DATE SIGNED YYYY / MM / DD	