



## PROVINCE OF BRITISH COLUMBIA

Toll Free: 1-800-665-6597  
Phone: (250) 952-0136  
Fax: (250) 952-0371  
Email: [InvestmentCapital@gov.bc.ca](mailto:InvestmentCapital@gov.bc.ca)

## APPLICATION FOR AMENDMENT OR REPLACEMENT TAX CREDIT CERTIFICATE (ESOP 20 OR EVCC 30)

**Freedom of Information and Protection of Privacy Act (FIPPA)** The information collected on this form is collected under the authority of the *Employee Investment Act, RSBC 1996 c. 112* (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, Box 9800 Stn Prov Govt, Victoria, B.C. V8W 9W1**

### GENERAL INFORMATION

Complete this application to cancel, amend or replace a tax credit certificate (TCC). This includes obtaining a duplicate TCC when the investor did not receive, or lost, the original TCC.

Please note that missing or inaccurate information on the application may cause delays in issuing the correct TCC.

### FORM COMPLETION

#### Section 1 – This section must be completed in all cases.

This information will ensure we are dealing with the correct client and tax credit certificate.

Please use the client's legal name (i.e. name that appears on their birth certificate, marriage license, or driver's license).

The investor or the ESOP / EVCC representative should be able to provide the TCC number. The ESOP or EVCC can obtain this information from reports provided by the Venture Capital Tax Credit Program.

#### Section 2 – This section must be completed to identify the action being requested.

The amount of information completed will depend on what action (duplicate, amend, split or cancel) is being requested and the amount of information available.

- ☐ **Duplicate:** Check this box to request a replacement tax credit certificate without changes to the name, Social Insurance Number (S.I.N.) or investment amount on the TCC.

Make sure that you have completed the client address and postal code, in all cases, so that we can update our records, if necessary.

Duplicates will not be issued for TCCs printed one year prior to the application date unless the applicant submits a copy of a letter from Canada Revenue Agency (CRA) indicating that CRA wants to see the 'original' TCC.

- ☐ **Amendment:** Check this box to request a replacement TCC with corrections to the client name and/or S.I.N.

- ☐ **Cancellation:** Check this box to request the cancellation of a TCC.

We will provide CRA with information about cancelled TCCs so that they can confirm that the TCCs have not been claimed in error.

The original TCCs should be attached to all applications except when a duplicate TCC is being requested for a TCC that was lost or not received.

Except for a duplicate TCC, if the original TCC is lost or destroyed and cannot be attached to the application, the client must complete a separate Statutory Declaration.



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The client Statutory Declaration must be forwarded to the Venture Capital Tax Credit Program attached to the application in lieu of the original TCC.

The person completing the application must check the appropriate 'action' requested, complete their own pertinent information, sign and date the form before forwarding it to the Ministry.

**Section 3 – This section must be completed by the person filling out the application.**

**Section 4 – Only Employees of the Venture Capital Tax Credit Program should complete this section.**

This form and all attachments must be mailed or couriered directly to the following address:

Attention: Administrator  
Venture Capital Tax Credit Program  
Employee Share Ownership Program  
PO Box 9800, Stn Prov Govt  
Victoria, British Columbia V8W 9W1

Toll Free: 1-800-665-6597  
Phone: 250-952-0136  
Fax: 250-952-0371  
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Web: [www.equitycapital.gov.bc.ca](http://www.equitycapital.gov.bc.ca)



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# APPLICATION FOR AMENDMENT OR REPLACEMENT TAX CREDIT CERTIFICATE (ESOP 20 OR EVCC 30)

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## SECTION 1 – THIS SECTION MUST BE COMPLETED

Client Legal Name, First and Last (on the TCC)	S.I.N. (on the TCC)
TCC No.: _____ Printed Date: ____/____/____	

## SECTION 2 – CHECK THE APPLICABLE BOX AND COMPLETE THE INFO PER THE INSTRUCTIONS ON THE BACK OF THIS FORM

<input type="checkbox"/> <b>DUPLICATE</b> <input type="checkbox"/> I have confirmed that the client address on the TCC is correct. OR <input type="checkbox"/> I have provided the client's new address below.			
Street Address		City, Province	Postal Code
<input type="checkbox"/> <b>AMENDMENT</b> - Change the investor's name and/or S.I.N. and issue a new TCC. AND <input type="checkbox"/> The original TCC is attached.			
<input type="checkbox"/> <b>Name Correction</b> Correct Legal Name, First and Last _____ Incorrect Name, First and Last _____			
<input type="checkbox"/> <b>SIN Correction</b> Correct S.I.N. _____ Incorrect S.I.N. _____		<input type="checkbox"/> <b>Account No. Correction</b> Correct Account _____ Incorrect Account _____	
<input type="checkbox"/> <b>CANCELLATION</b> – Please cancel the TCC. AND <input type="checkbox"/> The original TCC is attached.			
<b>Replacement TCC Delivery Instructions</b> <input type="checkbox"/> Mail to the address on the TCC. OR <input type="checkbox"/> Other:			

## SECTION 3 – PERSON WHO COMPLETED THIS FORM

Name	Corporation Name
Title	Phone No.
Signature	Date

## SECTION 4 – GOVERNMENT USE

<input type="checkbox"/> <b>Cancellation approved</b> - The RIV may repay the amount of the above investment(s) to the investor or their agent.			
Approved By	Cancelled By	Cancellation Date	
TCC No.	Investment Amount	Investment Date	ETCA Batch No.
<input type="checkbox"/> <b>Issuance of Amended TCC</b>			
Approved By	Issued By	Issue Date	
TCC No.	TCA No.	FB No.	
Comments			