



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 Return Mailing Address: All correspondence and documents will be mailed to this address.
B. Submitting Party Information: Provide a phone number or fax number (or both) 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 is effective on. You can use a past, current, or a future date.
E. Signature: The proprietor or one partner is required to sign. If a corporation, the signature of a current officer or director with signing authority for the corporation is required. State corporate or individual name in full.

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

Mail this form and payment to:

BC Registry Services
PO Box 9431 Stn Prov Govt
Victoria BC V8W 9V3

If no payment is required, email this form to:

bcregistries@gov.bc.ca

FEE SCHEDULE

Dissolve proprietorship or partnership: No charge
Certified copy of dissolved Registration: \$25.00

Make cheque payable to the Minister of Finance.

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.



A. Name and Return Mailing Address for this Document

NAME
ADDRESS
CITY/ PROVINCE/ POSTAL CODE
EMAIL

OFFICE USE ONLY — DO NOT WRITE IN THIS AREA
CORPORATE REGISTRY REGISTRATION NUMBER
NATIONAL BUSINESS NUMBER

- Instructions:
All sections must be completed.
Please TYPE or PRINT CLEARLY.

B. Submitting Party Information - Phone and/or fax number(s).

Phone Number:

Fax Number:

C. Registered Business Name - Enter current name

Corporate Registry Registration Number

D. Dissolution Date - The dissolution is effective on this date. May be a past, current or a future date.

YYYY MM DD

E. Name and Signature of Proprietor or Partner

PROPRIETOR OR PARTNER NAME - State corporate or individual name in full (last name, first name & middle initial)

SIGNATURE

X