



Telephone: 1 877 526-1526
www.bcreg.ca

Mailing Address: PO Box 9431 Stn Prov Govt
Victoria BC V8W 9V3

Courier Address: 200 - 940 Blanshard Street
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 corporation's name exactly as shown on the Certificate of Incorporation, Registration, Amalgamation, Continuation or Change of Name.
Item C Enter the full name of the receiver or receiver manager. If the receiver or receiver manager is a corporation or firm, enter the name of the corporation or firm.
Item D The delivery address must be a physical address where notices and records can be delivered. The delivery address must not be a post office box.
Item F If the receiver or receiver manager is a corporation or firm this form must be signed by an authorized signing authority for the corporation or firm.

Section 106 of the Business Corporations Act requires this notice be filed within 7 days after the change of address of the receiver or receiver manager.

Filing Fee: \$20.00

Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the registry with authorization to debit the fee from your BC OnLine Deposit Account. Please pay in Canadian dollars or in the equivalent amount of US funds.

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 Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

PLEASE ENTER THE COMPANY EMAIL ADDRESS FOR CORRESPONDENCE

A INCORPORATION/REGISTRATION NUMBER OF CORPORATION

B NAME OF CORPORATION

C FULL NAME OF RECEIVER OR RECEIVER MANAGER

LAST NAME FIRST NAME MIDDLE NAME

CORPORATION OR FIRM NAME

D CHANGE OF ADDRESS OF RECEIVER OR RECEIVER MANAGER

DELIVERY ADDRESS OF RECEIVER OR RECEIVER MANAGER PROVINCE POSTAL CODE

MAILING ADDRESS OF RECEIVER OR RECEIVER MANAGER PROVINCE POSTAL CODE

E DATE OF CHANGE

YYYY / MM / DD

F CERTIFIED CORRECT - I have read this form and found it to be correct.

NAME OF RECEIVER/RECEIVER MANAGER

SIGNATURE OF RECEIVER/RECEIVER MANAGER

DATE SIGNED

YYYY / MM / DD

X