



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 fill out this form completely and accurately. Your application may be rejected if missing mandatory information.
You must be the Secured Party of the registration statement, or be authorized to act on the behalf of the Secured Party, to file a total discharge.
There is no filing fee to discharge a registration.

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 Registries Services at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3

A BASE REGISTRATION NUMBER OF THE PERSONAL PROPERTY STATEMENT TO BE DISCHARGED

B NAME OF DEBTOR (INDIVIDUAL PERSON'S NAME OR FULL BUSINESS NAME)

C REGISTERING PARTY (SUBMITTING THE APPLICATION) - Choose one of the following

I am authorized to make this application as the Secured Party.

CODE

NAME (INDIVIDUAL PERSON OR BUSINESS)

EMAIL ADDRESS

COUNTRY

ADDRESS

CITY

PROVINCE

POSTAL CODE

D CONFIRMATION - You must select all to confirm and submit this application

I confirm that I wish to discharge this registration.

I understand that all collateral on this registration will be released.

I understand that all Secured Parties will be notified.

E AUTHORIZED SIGNATURE OF SECURED PARTY

NAME OF INDIVIDUAL SIGNING

SIGNATURE

DATE SIGNED (YYYY/MM/DD)

X