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

Location: 200 - 940 Blanshard Street Victoria BC V8W 3E6

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

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 purpose of assessment.

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 Certificate of Incorporation or Certificate of Amalgamation.
Item C If the liquidator is a corporation or firm, enter the full name of the corporation or firm.
Item F If the liquidator who will have custody of the records is a corporation or firm, enter the full name of the corporation or firm.

- (i) the records that the company was required to keep under section 42, and
(ii) the records referred to in section 333(1).

- Item G The delivery address must be for a location in BC that is accessible to the public between 9 a.m. and 4 p.m. on business days for the delivery of records.
Item H If the liquidator is a corporation or firm, this form must be signed by an authorized signing authority for the corporation or firm.
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.

A INCORPORATION NUMBER OF COMPANY TO BE DISSOLVED

B NAME OF COMPANY TO BE DISSOLVED

C FULL NAME OF LIQUIDATOR

LAST NAME FIRST NAME MIDDLE NAME

CORPORATION OR FIRM NAME

D MAILING ADDRESS OF LIQUIDATOR

PROVINCE POSTAL CODE

E Check (✓) the box next to the applicable method of appointment

- The liquidator was appointed by the company.
The liquidator was appointed by the court and a copy of the entered court order referred to in section 342(3)(a) approving the dissolution has been deposited in the liquidation records office.

F FULL NAME OF LIQUIDATOR WHO WILL HAVE CUSTODY OF THE "DISSOLVED COMPANY'S RECORDS" (see instructions)

LAST NAME FIRST NAME MIDDLE NAME

CORPORATION OR FIRM NAME

G ADDRESSES OF LOCATION OF "DISSOLVED COMPANY'S RECORDS"

DELIVERY ADDRESS OF LOCATION OF "DISSOLVED COMPANY'S RECORDS" PROVINCE POSTAL CODE BC

MAILING ADDRESS OF LOCATION OF "DISSOLVED COMPANY'S RECORDS" PROVINCE POSTAL CODE BC

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

I also confirm that the final accounts referred to in section 341(1)(a) of the Business Corporations Act have been prepared and deposited in the liquidation records office.

NAME OF LIQUIDATOR SIGNATURE OF LIQUIDATOR DATE SIGNED YYYY / MM / DD

X