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Victoria BC V8W 9V3

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Victoria BC V8W 3E6

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 Manufactured Home 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 DATE OF EXECUTION
YYYY / MMM / DD

Note: A Notice to Transfer or Change Ownership
form must accompany the Bill of Sale.

B SELLER'S NAME - Full name of owner(s) as shown on the Manufactured Home Register

C PURCHASER'S NAME - Full legal name of individual or legal entity. If an individual, include first, middle and last name

D MANUFACTURED HOME REGISTRATION NO.
E DESCRIPTION OF HOME - Make/Model or Serial No. and Year of Manufacture

F SIGNATURE OF SELLER(S) OR AUTHORIZED SIGNATORY (All sellers must sign)
The seller represents and covenants to the purchaser that:
a) the seller has the right to sell the manufactured home to the purchaser,
b) the purchaser has the right to quiet possession of the manufactured home without any hindrance, interruption, claim or demand of
any kind from the seller or any other person,
c) the manufactured home is free and clear of all security interests, charges and encumbrances of every kind whatsoever except for
those described in the schedule, if any, attached to this form.
In consideration of and for the sum of \$_____ paid by the purchaser to the seller, the receipt of which is
hereby acknowledged by the seller, the seller sells and transfers all its right title and interest in the manufactured home.

All sellers must sign and date this bill of sale - Please attach an additional sheet if more space is required

Table with 4 columns: SIGNATURE OF SELLER, DATE SIGNED (YYYY / MMM / DD), SIGNATURE OF SELLER, DATE SIGNED (YYYY / MMM / DD). Contains two rows of 'X' marks.

G WITNESS INFORMATION
FIRST NAME, MIDDLE NAME, LAST NAME, OCCUPATION, STREET NO., STREET NAME, CITY, PROVINCE

SIGNATURE OF WITNESS, DATE SIGNED (YYYY / MMM / DD)