



Telephone: 1 877 526-1526 www.gov.bc.ca/societies

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

Courier Address: 200 - 940 Blanshard Street Victoria BC V8W 3E6

WORKING PAPERS • THIS IS AN ONLINE-ONLY PROCESS • DO NOT MAIL OR FAX

This page will help you prepare to file a Dissolution Request through Societies Online. When you are ready, complete the request by visiting Societies Online (www.bcregistry.ca/societies). The filing fee for dissolution is \$15.

QUESTIONS? Review our website (www.gov.bc.ca/societies), call us at 1 877 526-1526, or send us an email at BCRegistries@gov.bc.ca.

A INCORPORATION NUMBER OR BUSINESS NUMBER OF SOCIETY

B NAME OF SOCIETY

C RESOLUTIONS AND AFFIDAVIT(S)

Concurrently with your application to dissolve the society you are required to upload an electronic copy of the Ordinary Resolution authorizing the dissolution, Ordinary Resolution appointing the Record Keeper, and Affidavit(s) sworn by 2 or more directors of the society, or, if the society has only one director, sworn by that director, regarding the liabilities and distribution of assets required under section 126 of the Societies Act.

YYYY/MM/DD

Date Ordinary Resolution was Passed authorizing the dissolution:

I confirm the dissolution has been authorized by ordinary resolution.

I confirm an affidavit sworn by 2 or more directors of the society, or, if the society has only one director, sworn by that director has been obtained.

I confirm a Record Keeper has been appointed by ordinary resolution.

D RECORD KEEPER

FULL NAME OF PERSON WHO WILL HAVE CUSTODY OF THE DISSOLVED SOCIETY'S RECORDS

FIRST NAME MIDDLE NAME LAST NAME

BC COMPANY OR FIRM NAME

ADDRESS LOCATION OF DISSOLVED SOCIETY'S RECORDS

DELIVERY ADDRESS Prov. POSTAL CODE BC

MAILING ADDRESS Prov. POSTAL CODE BC

E CERTIFICATION

NOTE: It is an offence to make a false or misleading statement in respect of a material fact in a record submitted to the Corporate Registry for filing. See section 223 of the Societies Act.

I certify that I have relevant knowledge of the society, and that I am authorized to make this filing.

NAME SIGNATURE DATE SIGNED (YYYY/MM/DD)



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F DELIVERY METHOD - Choose one delivery method for receipt of the society's certified documents.

[] Society Email [] Other Email Address

[] By Mail to Registered Office Mailing Address

[] By Mail to another address. Please specify.

MAILING ADDRESS CITY PROV/STATE COUNTRY POSTAL CODE/ZIP CODE

Choose one delivery method for the record keeper to receive a copy of the Dissolution Certificate

[] Record Keeper's Email Address

[] By Mail to Record Keeper's Mailing Address

[] By Mail to another address. Please specify.

MAILING ADDRESS CITY PROV/STATE COUNTRY POSTAL CODE/ZIP CODE