



**PROVINCE OF
BRITISH COLUMBIA**

**NOTES TO APPLICATION FOR EARLY
RELEASE FROM ESCROW**

Toll Free: 1-800-665-6597
Phone: (250) 952-0136
Fax: (250) 952-0371
Email: esop@tbc.gov.bc.ca

Freedom of Information and Protection of Privacy Act (FIPPA) The information collected on this form is collected under the authority of the **Employee Investment Act, RSBC 1996 c. 112 (Act)**, and is subject to the provisions of the FIPPA. The personal information will be used for the administration of the Act and the issuance of tax credits. For more information regarding this form and the FIPPA please contact the **Investment Capital Branch, Box 9800 Stn Prov Govt, Victoria, B.C. V8W 9W1**

Complete **all** information requested in the form. Please contact the Investment Capital Branch if you don't know your tax credit repayment amount. Missing or inaccurate information may cause delays.

This form and all attachments must be mailed or couriered directly to the following address:

Attention: Administrator
Investment Capital Branch
Employee Share Ownership Program
PO Box 9800, Stn Prov Govt
Victoria, British Columbia V8W 9W1

Toll Free: 1-800-665-6597
Phone: 250-952-0136
Fax: 250-952-0371
Email: esop@tbc.gov.bc.ca
Web: www.equitycapital.gov.bc.ca



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SECTION 1 – TO BE COMPLETED BY EMPLOYEE SHAREHOLDER

ESOP / EVCC Name		ESOP / EVCC Registration No.
Employee Shareholder Full Legal Name		S.I.N.
Mailing Address		Home Phone
City & Province	Postal Code	Work Phone

SECTION 2 – REPAYMENT OF TAX CREDITS (Enclose the following as applicable)

<input type="checkbox"/> ESOP	Certified cheque or money order payable to the Minister of Finance in repayment of Provincial tax credits	\$
<input type="checkbox"/> EVCC	Certified cheque or money order payable to the Minister of Finance in repayment of Provincial tax credits AND	\$
	Certified cheque or money order payable to The Receiver General of Canada in repayment of Federal tax credits	\$

SECTION 3 – REQUEST TO RELEASE SHARES

I request the Ministry to authorize my escrow agent:

RBC Dexia Investor Services Trust Computershare OR _____

To early release from escrow:

Number of Shares:					
Share Certificate Number(s):					
Original Purchase Date(s):					

Please advise my escrow agent to release the shares to:

the above address OR to my trustee* or personal representative, to the following address:

Trust Company Name:		
Trust Company Mailing Address:	City, Province	Postal Code
Trust Company Contact Name:	Position/Job Title	Contact Phone No.

* **Note:** Shares registered in RRSPs will be released to the RRSP Trustee unless they provide a written authorization to release to a third party.

Date:	Print Name:	Signature:

SECTION 4 – FOR GOVERNMENT USE:

Authorization Date:	Reviewed By:	Updated TCC Number(s).	Notes: