

Telephone: 250 356-8626

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OFFICE USE ONLY – DO NOT WRITE IN THIS AREA

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, Amalgamation, Continuation or Change of Name.
- 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. Under section 351(1) of the *Business Corporations Act*, the "dissolved company's records" means, in relation to a company that is dissolved under this act,
(a) if a liquidator was appointed for the company,

- (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. The address must not be a post office box.

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. Please pay in Canadian dollars or in the equivalent amount of US funds.

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