

Phone No.: 250 356-8609

INSTRUCTIONS:

- There is no filing fee to issue a new code.
- A filing fee of \$100.00 applies to a change request. A change request is filed to change a name and/or address and to update any prior registrations where the code was used.
- **Send this completed form to:**
By Mail: Secured/Registering Party Codes
Personal Property Registry
Ministry of Finance
PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3
By Fax: 250 387-3055

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 *Personal Property Security Act* for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Executive Coordinator of the BC Registry Services at 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

1. Application Request

Please issue a code to the following name and address:
NAME

ADDRESS	CITY	PROVINCE	POSTAL CODE
Authorization to debit your BC OnLine account for future Personal Property Registry services:		BC ONLINE DEPOSIT ACCOUNT NUMBER	

2. Change Request

SECURED/REGISTERING PARTY CODE	NAME OF CODE HOLDER
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Check (✓) all applicable boxes

- Check box **one** to change your code, due to a name and/or address change. Current registrations **will not** be updated. A new code will be assigned. No fee will be charged.
- Check box **two** if you wish to have your name and/or address changed. Current registrations **will** be updated. Fee \$100.00.
- Check box **three** if you wish to have your BC OnLine account added to the **new code**.
 - Please change our code and advise us of the new code assigned.
 - Please change the name/address of the secured/registering party code holder and update any prior registrations in which the code was used.
 - Authorization to link your BC OnLine Deposit Account number _____ with the secured/registering party code to facilitate Personal Property Registry billings.

Previous Name/Address

NAME

ADDRESS	CITY	PROVINCE	POSTAL CODE
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New Name/Address

NAME

ADDRESS	CITY	PROVINCE	POSTAL CODE
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3. Authorization

NAME (please type or print)	OFFICIAL POSITION
SIGNATURE X	DATE SIGNED YYYY / MM / DD