



Ministry of Finance
BC Registry Services

Mailing Address:
PO Box 9431 Stn Prov Govt
Victoria BC V8W 9V3
Location:
2nd Floor – 940 Blanshard Street
Victoria BC
www.fin.gov.bc.ca/registries

**APPLICATION FOR
(VOLUNTARY) DISSOLUTION
FORM 17U – BC UNLIMITED
LIABILITY COMPANY**
Sections 316 & 51.3
Business Corporations Act

Telephone: 250 356-8626

DO NOT MAIL THIS FORM to the BC Registry Services unless you are instructed to do so by registry staff. The Regulation under the *Business Corporations Act* requires the electronic version of this form to be filed on the Internet at www.corporateonline.gov.bc.ca

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 *Business Corporations 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.

Under section 51.3(1) of the *Business Corporations Act*, shareholders and former shareholders are jointly and severally liable, after the company's dissolution, for payment to the company's creditors of the unlimited liability company's debts and liabilities.

Under section 51.3(2) of the *Business Corporations Act*, a former shareholder of an unlimited liability company is not liable above unless it appears to the court that the shareholders of the unlimited liability company are unable to satisfy the debts and liabilities referred to above, and, even in that case, is not liable above:

- in respect of any debt or liability of the unlimited liability company that arose after the former shareholder ceased to be a shareholder of the unlimited liability company, or
- on or after a dissolution of the company effected without liquidation, if the former shareholder ceased to be a shareholder of the unlimited liability company one year or more before the date of dissolution.

A INCORPORATION NUMBER OF COMPANY TO BE DISSOLVED

B NAME OF COMPANY TO BE DISSOLVED

C DISSOLUTION EFFECTIVE DATE – Choose *one* of the following:

The dissolution is to take effect at the time that this application is filed with the registrar.

YYYY / MM / DD

The dissolution is to take effect at 12:01a.m. Pacific Time on _____
being a date that is not more than ten days after the date of the filing of this application.

YYYY / MM / DD

The dissolution is to take effect at _____ a.m. or p.m. Pacific Time on _____
being a date and time that is not more than ten days after the date of the filing of this application.

D FULL NAME OF PERSON SUBMITTING THE APPLICATION

LAST NAME

FIRST NAME

MIDDLE NAME

CORPORATION OR FIRM NAME

E MAILING ADDRESS OF PERSON SUBMITTING THE APPLICATION

PROVINCE

POSTAL CODE

F FULL NAME OF PERSON WHO WILL HAVE CUSTODY OF THE "DISSOLVED COMPANY'S RECORDS"

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 affidavit required by section 316(1)(a) of the *Business Corporations Act* has been obtained and deposited in the company's records office.**

NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE COMPANY

SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE COMPANY

DATE SIGNED

YYYYMMDD

X