



Ministry of Finance
Corporate and Personal
Property Registries

Mailing Address:
PO Box 9431 Stn Prov Govt
Victoria BC V8W 9V3
Location:
2nd Floor – 940 Blanshard Street
Victoria BC

NOTICE TO TRANSFER OR CHANGE OWNERSHIP

MANUFACTURED HOME ACT (Section 7)

Telephone: 250 356-8609
Hours: 8:30 – 4:30 (Monday – Friday)

For additional information, please visit our
Web site at: www.fin.gov.bc.ca/registries

**Note: A Bill of Sale must accompany this form
when a transfer is the result of a sale.**

Freedom of Information and Protection of Privacy Act (FIPPA)

The personal information requested on this form is made available to the public under the authority of the *Manufactured Home Act*. Questions about how the *FIPPA* applies to this personal information can be directed to the Administrative Assistant of the Corporate and Personal Property Registries at 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

A MH REGISTRATION NUMBER	B DESCRIPTION OF HOME – <i>Make/model or serial no. and year of manufacture</i>
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C CURRENT LOCATION

1. CIVIC ADDRESS – Must be completed by all applicants

STREET NO.	STREET NAME	CITY / TOWN / VILLAGE / MUNICIPALITY	PROVINCE
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All applicants must complete No. 1 – Civic Address above and one of No. 2, 3 or 4 below

2. MANUFACTURED HOME IS LOCATED IN A MANUFACTURED HOME PARK

PAD NO.	MANUFACTURED HOME PARK NAME
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OR

3. MANUFACTURED HOME IS LOCATED AT A MANUFACTURER'S OR DEALER'S SALES LOT

DEALER NAME

OR

4. LEGAL LAND DESCRIPTION

D REGISTERED OWNER(S) NAME – *Full name of owner(s) as shown on the Manufactured Home Register*

Where the seller is a corporation/organization, did the entity exist at the date the transfer was executed? YES NO

E LAND OWNERSHIP/LEASE		F CONSIDERATION
Is the manufactured home located on land that the new owners own or have a registered lease of not less than 3 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

G DECLARED VALUE (market/assessed value of the home)	H DATE OF EXECUTION YYYY / MMM / DD	I TENANCY OF NEW OWNERS
		<input type="checkbox"/> SOLE OWNERSHIP <input type="checkbox"/> JOINT TENANCY <input type="checkbox"/> TENANTS IN COMMON

J NEW OWNER(S) (OR PARTY ENTITLED TO BE REGISTERED AS OWNER) – Full legal name of individual or legal entity. If an individual, include first, middle and last name. Please list address (include city, province, postal code) and phone number of each owner. If all owners reside at the same address, list the address and phone number only once. If owners are tenants in common, state fractional undivided interest beside each owner's name. If owner is an incorporated company, society or cooperative, state incorporation number.

K SUBMITTING PARTY (Seller, Purchaser or Authorized Agent)

NAME	PHONE NO. ()	<input type="checkbox"/> OWNER	<input type="checkbox"/> AUTHORIZED AGENT
MAILING ADDRESS	CITY	PROVINCE	POSTAL CODE

L SIGNATURE OF PERSON SUBMITTING TRANSFER (Seller, Purchaser or Authorized Agent)
– The information stated above is correct.

DATE SIGNED
YYYY / MMM / DD

X