



**Ministry of Finance**  
 Corporate and Personal  
 Property Registries  
 www.fin.gov.bc.ca/registries

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

# APPLICATION FOR (VOLUNTARY) DISSOLUTION

**FORM 17 – BC COMPANY**  
 Section 316 *Business Corporations Act*

Telephone: 250 356-8626

**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** Enter the full name of the person submitting the application for the company.
  - Item E** If the person who will have custody of the records is a corporation or firm, enter the full name of the corporation or firm. Under section 351 of the *Business Corporations Act*, the "dissolved company's records" means in relation to a company that is dissolved under this Act (if no liquidator was appointed) the records that the company was, immediately before its dissolution, required to keep under section 42.
  - Item F** 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.
- 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.

**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 *Business Corporations 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.

**OFFICE USE ONLY – DO NOT WRITE IN THIS AREA**

**A INCORPORATION NUMBER OF COMPANY TO BE DISSOLVED**

**B NAME OF COMPANY TO BE DISSOLVED**

**C FULL NAME OF PERSON SUBMITTING THE APPLICATION**

LAST NAME	FIRST NAME	MIDDLE NAME
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CORPORATION OR FIRM NAME

**D MAILING ADDRESS OF PERSON SUBMITTING THE APPLICATION**

	PROVINCE	POSTAL CODE
	BC	

**E FULL NAME OF PERSON WHO WILL HAVE CUSTODY OF THE "DISSOLVED COMPANY'S RECORDS" (See Instructions)**

LAST NAME	FIRST NAME	MIDDLE NAME
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CORPORATION OR FIRM NAME

**F 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	

**G 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
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X