

Transmission of an Interest to a Personal Representative

This is a guide to help you prepare your application.

It is important to be aware that legislation defines the LTSA's role and limits how we can answer your questions. For example, our staff is not allowed to provide legal advice or help fill out forms.

Only after you submit your application to the LTSA, can we advise on the correctness and accuracy of your application's information.

If you need more help than we can provide, please contact a legal professional.

Instructions:

Please type or print clearly in dark ink on all forms. Kindly print your documents on single-side paper only to facilitate departmental processing. To submit your application by mail, please **mail** or **courier** your application in hard copy format to the New Westminster office. **Fax or email applications will not be accepted.** To submit your application in-person, bookings are required. Please call LTSA's Customer Service Centre to book an in-person appointment.

1. Provide a court-certified copy of the Grant of Probate or Grant of Administration as issued by the Court Registry, Province of BC.
 - a. You may be required to prove the deceased's identity by providing a statutory declaration accompanied by a copy of the Wills search if the deceased's name shown in the Grant is not exactly the same as shown on title.
2. Provide a court-certified copy of the Disclosure Statement setting out the land and or charge owned by the deceased, obtained from the Court Registry Office.
3. Complete a Form 17 for each lot or charge being transmitted.
4. Provide the existing Duplicate Indefeasible Title Certificate, if not on file with the Land Title Office.
5. Complete the Property Transfer Tax Return. For assistance with this form, contact the Ministry of Finance, Property Transfer Tax Section, at 236-478-1593 or toll free within BC at 1-888-841-0090.
6. Complete the Transparency Declaration for the Land Owner Transparency Registry.

You can find the legal description and parcel identifier on the title and on your property tax assessment notice for the land.

Please note, court-certified document copies submitted with your application will not be returned.

7. If the transferee is a Reporting Body you may be required to also file a transparency report which is not available for this application. Please contact a legal professional for further assistance.
8. Confirm if your application qualifies for an Exclusion from the Land Owner Transparency Registry. In limited circumstances, exclusions to LOTR may apply. Refer to the Declaration of Exclusion form to confirm if your application qualifies for an exclusion and, if required, complete the Declaration of Exclusion form. If the exclusion applies, do not complete the Transparency Declaration OR Transparency Report forms.
9. If you require confirmation of registration, please complete the Request for State of Title Certificate.
10. Submit your application by mail to:
Land Title and Survey Authority of British Columbia
Suite 500 – 11 Eighth Street, New Westminster, BC V3M 3N7

Please only complete the Declaration of Exclusion form if you are filing an application to register an interest in land that is excluded from the requirements of LOTA. If the interest in land is not excluded under LOTA, you must file a transparency declaration and if also required, a transparency report. For further information, visit [LTSa.ca/about-LOTR](https://www.ltsa.ca/about-LOTR)

Fees

1. Pay the registration fee of \$83.82 for each parcel or charge being transmitted.
2. Pay the filing fee of \$10.61 for the Transparency Declaration.
3. If a Transparency Report is required, pay the filing fee of \$60.15.
4. If you have requested a State of Title Certificate, pay \$16.76 for each title.

If mailing your application, please include payment by cheque or money order in Canadian funds.

To cover LTSa application registration fees, please make cheque or money order payable to "LTSa of BC". If you are attending a front counter appointment, you may also make your payment via credit card or debit card on the day of your appointment.

For more information

Email: customerservice@ltsa.ca

Phone: 604-630-9630 from the Greater Vancouver area OR
1-877-577-LTSA (5872) from elsewhere in BC, Canada and the US.
Office hours are 9:00am to 3:00pm

Mail: **Land Title and Survey Authority of British Columbia**
Suite 500 – 11 Eighth Street, New Westminster, BC V3M 3N7

The Land Owner Transparency Registry

Beginning November 30, 2020, the *Land Owner Transparency Act* (LOTA) requires that when an application is made to register an interest in land, as defined in LOTA, in BC's land title register, a transparency declaration must be filed to the LOTA Administrator by the transferee(s). A transferee that is a reporting body must also complete and file a transparency report setting out information about the reporting body and interest holders. We recommend you consult a legal professional to understand your obligations. More information is available at [landtransparency.ca](https://www.landtransparency.ca).

Checklist

Before you submit your application, ensure you have the following:

- A court-certified copy of the Grant of Probate or Grant of Administration as issued by the Court Registry, Province of BC.*
 - You may be required to prove the deceased's identity by providing a statutory declaration accompanied by a copy of the Wills search if the deceased's name shown in the Grant is not exactly the same as shown on title.
- A court-certified copy of the Statement of Assets, Liabilities and Distribution setting out the land and or charge owned by the deceased, obtained from the Court Registry Office.*
- Completed Form 17 for each lot or charge being transmitted.
- Existing Duplicate Indefeasible Title Certificate, if not on file with the Land Title Office.
- Completed Property Transfer Tax Return.
- Completed Transparency Declaration.
- Completed Transparency Report, if required.
- Request for State of Title Certificate form (if you require confirmation of registration) and payment of \$16.76 for each title.
- Registration fee of \$83.82 for each parcel or charge being transmitted.
- Filing fee of \$10.61 for the Transparency Declaration.
- If a Transparency Report is required, filing fee of \$60.15.
- If mailing in your application, please include a stamped, self-addressed envelope for your certificates and a copy of your application to be returned, if applicable.

***Please note, court-certified document copies submitted with your application will not be returned.**



Do not use correction fluid (wite-out) on your application. This will result in your application being returned to you. If an error is made, cross-out the text and write the correction above or complete a new form.

Registration Process

What happens when you submit your land title documents to the LTSA?

Identification of Documentation

To identify your documents, the cashier will stamp your document with the date, time and a pending application number.



Successful Registration

If your document meets the basic requirements of the *Land Title Act* and related statutes, it will be registered and recorded with the application number effective on the date and time originally stamped on your document. If you would like confirmation of registration, you may order a State of Title Certificate using the enclosed form.

Unsuccessful Registration

If your application does not meet basic *Land Title Act* requirements, a Notice Declining to Register (Defect Notice) will be mailed to the address in Item 1 of your application. This Defect Notice will describe the reason for the defect and may suggest what is needed to meet the requirements of the appropriate *Land Title Act* or related statutes. An additional fee of up to \$17.78 may be required when you return your documents to the Land Title Office.



Recourse for Applicants

If you receive a Defect Notice, please be aware of the stated time limits for resubmission. If the requirements are not met within the time indicated, your application may be cancelled.



Land Title Act
Form 17
(sections 154, 155(1), 241)

1. Applicant: (full name, address, and signature of applicant, or applicant's agent)

.....
Signature of applicant or authorized agent

NOTE: For protection of your privacy, do not include your phone number or email address on the first page of your application. Be sure they are provided in the Contact Information section of the second page.

2. Parcel Identifier(s) and Legal Description(s) of Land:

.....
Market Value: \$
(applicable to fee simple applications)

3. Nature of Interest:

.....
Registration Number of Charge, Notation or Filing:
(applicable to modification or cancellation of a registered interest)

4. Full Name, Address and Occupation of Person(s) Entitled to be Registered Owner:
(not applicable to a cancellation of charge, notation or filing)

NOTE: Before submitting this application, applicants should check and satisfy themselves as to the tax position, including taxes of the Crown Provincial, a municipality and improvement, water and irrigation districts.



Land Title Act
Form 17
(sections 154, 155(1), 241)

CONTACT INFORMATION

NOTE: Include this page with your application. LTSA will use this information to contact you if there are questions about your application.

FULL NAME:

TELEPHONE NUMBER:

EMAIL ADDRESS:

This form is for the order of a State of Title Certificate in paper format.

Fee: \$16.76 per State of Title Certificate payable by cheque, bank draft or money order in Canadian funds to Land Title and Survey Authority of British Columbia or LTSA.

Note: Cash is not accepted.

1. Applicant

Full Name

Mailing Address

Suggested format:
300-1090 Main Street NW
PO Box 4001 STN A
Vancouver, BC V1A 2B3
Canada

2. Description of Land

State of Title Certificate is required for the following lands:

Parcel Identifier (PID)

Legal Description

Example: 001-987-654

Example: Lot 1 District Lot 555 New Westminster District Plan 12345

3. Related Application Number (optional)

INSTRUCTIONS

- If you are a legal professional filing a PTT return on behalf of your clients, you cannot use this form as you are required to web-file through the Land Title and Survey Authority of British Columbia (LTSA).
- Complete this form if you are an individual transferee eligible to file a paper return. You must provide all required information, such as Social Insurance Number (SIN), date of birth, business number, jurisdiction of incorporation, property value from the current BC Assessment.
- For help, see the **Property Transfer Tax Return Guide** on our website or call us.

Mail your completed return with payment (if applicable) to:

 LTSA Land Title Office
 Anvil Office Tower
 Suite 500-11 Eighth Street
 New Westminster BC V3M 3N7

PART A – TRANSFEREE INFORMATION (Attach a **Schedule 1** for additional transferees, attach a **Schedule 5** for transfers involving a corporation)

Transferee 1 – Check (✓) one: Individual Corporation Other _____

Exemption Code (If claiming an exemption) _____ Percentage interest acquired _____ %

Last Name	Given Name(s)	Date of Birth (YYYY / MM / DD)	Telephone Number
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Legal Name (if applicable)	Business Number	Email Address
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On the date of registration, is the individual a Canadian citizen or a permanent resident as defined in the Immigration and Refugee Protection Act (Canada)? YES <input type="checkbox"/> NO <input type="checkbox"/>	Social Insurance Number (SIN)	Country of Citizenship
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ADDITIONAL TRANSFEREE INFORMATION FOR NON-CANADIAN CITIZEN OR NON-PERMANENT RESIDENT

Are you claiming a B.C. Provincial Nominee (PN) exemption? (If you are claiming a B.C. PN exemption, you must attach a copy of your B.C. PN Certificate.) YES <input type="checkbox"/> NO <input type="checkbox"/>	B.C. PN Certificate Number	Individual Tax Number (ITN)
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Mailing Address (include street or PO box, city, province/state/territory)	Postal/ZIP Code	Country
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 Did the transferee live in B.C. for one year prior to the transfer of the property? YES (If yes, enter address below) NO

Previous Mailing Address (include street or PO box, city, province/state/territory)	Postal/ZIP Code	Country
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Enter two income tax returns filed as a B.C. resident during the six years before the date of registration. _____

 Does the transferee intend to use the property as their principal residence? YES NO

 Is the transferee claiming the purpose-built rental exemption? YES NO

 Is the transferee holding the property on behalf of a limited partnership? (If yes, complete **Schedule 7 - Limited Partnership**) YES NO

 Is the transferee claiming the Canadian-controlled limited partnership exemption? YES NO

 Is the transferee a trustee? (If yes, complete **Schedule 4 - Settlor and Beneficiary Information**) YES NO
Transferee 2 – Check (✓) one: Individual Corporation Other _____

Exemption Code (If claiming an exemption) _____ Percentage interest acquired _____ %

Last Name	Given Name(s)	Date of Birth (YYYY / MM / DD)	Telephone Number
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Legal Name (if applicable)	Business Number	Email Address
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On the date of registration, is the individual a Canadian citizen or a permanent resident as defined in the Immigration and Refugee Protection Act (Canada)? YES <input type="checkbox"/> NO <input type="checkbox"/>	Social Insurance Number (SIN)	Country of Citizenship
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ADDITIONAL TRANSFEREE INFORMATION FOR NON-CANADIAN CITIZEN OR NON-PERMANENT RESIDENT

Are you claiming a B.C. Provincial Nominee (PN) exemption? (If you are claiming a B.C. PN exemption, you must attach a copy of your B.C. PN Certificate.) YES NO B.C. PN Certificate Number Individual Tax Number (ITN)

Mailing Address (include street or PO box, city, province/state/territory) Postal/ZIP Code Country

Did the transferee live in B.C. for one year prior to the transfer of the property? YES (If yes, enter address below) NO

Previous Mailing Address (include street or PO box, city, province/state/territory) Postal/ZIP Code Country

Enter two income tax returns filed as a B.C. resident during the six years before the date of registration. _____

Does the transferee intend to use the property as their principal residence? YES NO

Is the transferee claiming the purpose-built rental exemption? YES NO

Is the transferee holding the property on behalf of a limited partnership? (If yes, complete **Schedule 7 - Limited Partnership**) YES NO

Is the transferee claiming the Canadian-controlled limited partnership exemption? YES NO

Is the transferee a trustee? (If yes, complete **Schedule 4 - Settlor and Beneficiary Information**) YES NO

Attach a **Schedule 1 - Additional Transferee** for each additional transferee Attach a **Schedule 5 - For transfers involving a corporation**

PART B – PRIMARY CONTACT NAME AND MAILING ADDRESS (If the preferred contact information is different than transferee)

Last Name Given Name(s)
Telephone Number Email Address

Mailing Address (include street or PO box, city, province/state/territory) Postal/ZIP Code Country

PART C – TRANSFEROR INFORMATION (Attach a **Schedule 2** for additional transferors)

Transferor 1 – Check (✓) one: Individual Corporation Other _____

Did you confirm the residency status of the transferor? YES NO

As defined under the Income Tax Act, is the transferor a: Resident of Canada Non-Resident of Canada

Last Name Given Name(s)

Legal Name (if applicable) Telephone Number Email Address

Mailing Address (include street or PO box, city, province/state/territory) Postal/ZIP Code Country

Transferor 2 – Check (✓) one: Individual Corporation Other _____

Did you confirm the residency status of the transferor? YES NO

As defined under the Income Tax Act, is the transferor a: Resident of Canada Non-Resident of Canada

Last Name Given Name(s)

Legal Name (if applicable) Telephone Number Email Address

Mailing Address (include street or PO box, city, province/state/territory) Postal/ZIP Code Country

Attach a **Schedule 2 - Additional Transferor Information** for all additional transferors

PART D – DESCRIPTION OF PROPERTY AND TRANSFER (Attach a **Schedule 3** for additional properties)

Date Transaction was Completed YYYY / MM / DD	Date of Interim Agreement or Contract YYYY / MM / DD	Transfer of: Land with improvements <input type="checkbox"/> Vacant Land <input type="checkbox"/>
Property Type	Transaction Type	Parcel Identifier Number (PID)
What is the percentage of the residential improvement used as a purpose-built rental? _____ %	What is the percentage of the residential land used in conjunction with the residential improvement? _____ %	
Is this property a pre-sold strata lot? YES <input type="checkbox"/> NO <input type="checkbox"/>	Was this contract assigned? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lease terms in years (including any renewals): _____	Percentage of interest being transferred: _____ %	
Civic Address (include apartment number, street number/name)		

Legal Description

Municipality	Regional District
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Is this property treaty lands of the Tsawwassen First Nation? YES NO Attach a **Schedule 3 - Additional Property** for all additional properties**PART E – TERMS** (Complete this section for First Time Home Buyers, Newly Built Home, no exemption or anyone claiming the B.C. PN exemption)

Funds (Cash) (enter 0 if not applicable)	\$ _____
Canadian Sources (enter 0 if not applicable)	\$ _____
Other Sources (enter 0 if not applicable)	\$ _____
Financing (enter 0 if not applicable)	\$ _____
Lender Name (if applicable)	Branch Number (if applicable)

Other consideration paid or property taken in trade (enter 0 if not applicable) \$ _____

Gross Purchase Price (Total of funds, financing and other) \$ _____Do the terms of the transfer include property taken in trade? YES (If yes, complete civic address, PID, municipality and regional district) NO

Civic Address (include apartment number, street number/name)	Parcel Identifier Number (PID)
Municipality	Regional District

PART F – ALLOCATION OF GROSS PURCHASE PRICE (Non-residential properties only)

Real Property (land and buildings)	\$ _____
Chattels	\$ _____
Fixtures	\$ _____
Intangibles (Goodwill, Quotas, etc.)	\$ _____
Other	\$ _____

If other, provide a brief description:

Gross Purchase Price \$ _____

Note: Real property and fixtures are subject to property transfer tax unless provincial sales tax has been paid under the Provincial Sales Tax Act. Property transfer tax may or may not apply to intangibles (goodwill, quotas, etc.) and other items.

PART G – ADDITIONAL INFORMATION

Advance Tax Ruling Number (if applicable)	Order in Council Number (if applicable)	Charitable Registration Number (if applicable)
Jurisdiction of Amalgamation and Section	Is there a separation agreement or court order in place? (If yes, attach a copy of the documents at time of filing)	YES <input type="checkbox"/> NO <input type="checkbox"/>
What is the relationship between the transferee and transferor? (for Exemption 05, 06, 07, 12 or Admin) _____		
What is the relationship between the beneficiary and the settlor? (for Exemption 12, 41, 42 or Admin) _____		
What is the relationship between the corporation's shareholders and the transferee(s)/transferor(s)? (for Exemption 18 or Admin) _____		
What is the relationship between the corporation's shareholders and the deceased? (for Exemption 18 or Admin) _____		
What is the name of the person farming the land? (for Exemption 07, 18 or Admin) _____		
What is the relationship between the person farming the land and the transferor(s)? (for Exemption 07, 18 or Admin) _____		
What is the relationship between the transferee and the deceased? (for Exemption 07, 40 or Admin) _____		
Who resided on the property immediately prior to the death of the deceased? (for Exemption 07, 40 or Admin) _____		
Who currently resides on the property? (for Exemption 05, 12, 41, 42 or Admin) _____		
How long have they resided on the property?	Years <input style="width:50px;" type="text"/>	Months <input style="width:50px;" type="text"/>
Is there more than one improvement on the property?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
How many families will occupy the improvements?	_____	
Do the improvements contain a commercial portion?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Will it continue to be used as commercial?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

PART H – PROPERTY VALUE INFORMATION

Total Size of Property	Size of Farm Portion of Property	Is there a dwelling on the farm portion of the property?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Total Value of All Improvements of Property			\$ _____
Value of Residential Improvements Only			\$ _____
Total Value of All Land on Property			\$ _____
Value of Residential Land Only			\$ _____
Total Value of Property			\$ _____

PART I – PROPERTY TRANSFER TAX (PTT) CALCULATION

1. Is this return for a previously withdrawn or cancelled transfer?	YES <input type="checkbox"/> NO <input type="checkbox"/>	10. Adjusted PTT	\$ _____
2. How much PTT was previously paid?	\$ _____	11. Exemption of General PTT	\$ _____
3. Land Title Registration Number for the Previous Transfer	_____	12. General PTT	\$ _____
4. Will the payment be made by journal voucher?	YES <input type="checkbox"/> NO <input type="checkbox"/>	13. Additional Property Transfer Tax (FMV of residential property x % of ownership transferred x 20%)	\$ _____
5. Journal Voucher Number	_____	14. Tax on Residential Property over \$3M (FMV of residential property x % of ownership transferred x 2%)	\$ _____
6. Fair Market Value of Entire Property	\$ _____	15. Total PTT Payable	\$ _____
7. Fair Market Value of Property or Interest in Property Transferring	\$ _____	16. Total PTT Previously Paid	\$ _____
8. Adjusted Value	\$ _____	17. PTT Due (Line 15 minus Line 16)	\$ _____
9. General PTT (before exemption)	\$ _____		

ATTACH A CHEQUE, BANK DRAFT OR MONEY ORDER FOR THE AMOUNT OF PTT DUE, PAYABLE TO THE MINISTER OF FINANCE

FIRST TIME HOME BUYERS' DECLARATION

DECLARATION – Complete this section only if you are applying for the First Time Home Buyers' Program. Before completing, make sure you read and understand the qualifications for the exemption and the first-year requirements as explained in the **Guide to the First Time Home Buyers' Program**.

Penalty for False Declaration – If a false declaration is made, the transferee will be charged an amount equal to **double** the tax (the total tax the transferee owes plus a penalty equal to the exemption they claimed).

	Transferee 1	Transferee 2
1. Have you owned an interest in a principal residence (where you lived) anywhere in the world at any time?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever received a B.C. First Time Home Buyers' exemption or refund?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. On the date of registration, are you a Canadian citizen or a permanent resident as defined in the Immigration and Refugee Protection Act (Canada)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you continuously resided in B.C. for at least one year immediately prior to the registration date OR filed two income tax returns as a B.C. resident during the six years before the date of registration?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

PURPOSE-BUILT RENTAL DECLARATION

DECLARATION – Complete this section if any transferee is applying for the purpose-built rental exemption. Before completing, make sure all transferees read and understand the qualifications for this exemption and the 10-year requirements as explained at the **Purpose-Built Rental exemption** webpage.

Penalty for False Declaration – If a false declaration is made, the transferee will be charged an amount equal to **double** the tax (the total tax the transferee owes plus a penalty equal to the exemption they claimed).

	Transferee 1	Transferee 2
1. Has the transferee confirmed this is the first registration since the residential improvement was completed or placed on the property?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has the transferee confirmed the residential improvement has not previously been used as a dwelling since the construction began or since the improvement was placed on the property?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Has the transferee confirmed the residential improvement contains at least four apartments?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

PART J – CERTIFICATION (IMPORTANT – Each transferee must complete a certification)

I certify and declare that the information given in this return is complete and correct in all respects. I acknowledge that there are penalties for tax avoidance or providing false information. These penalties may include double the tax, tax plus interest and a fine and/or up to two years' imprisonment.

Freedom of Information and Protection of Privacy Act (FOIPPA) – The personal information on this form is collected for the purposes of the administration or enforcement of the Property Transfer Tax Act under the authority of section 26(a) of the FOIPPA. Information provided may be verified by accessing relevant records available to the administrator. The information collected may be used or disclosed for purposes of other provincial acts that provide for the imposition and collection of a tax. It may also be disclosed to other federal or provincial public bodies to the extent authorized by law. Questions about the collection or use of this information can be directed to the Director, Property Transfer Tax, PO Box 9427 Stn Prov Govt, Victoria, BC V8W 9V1 (telephone: Victoria at 236-478-1593 or toll free at 1-888-841-0090).

TRANSFEEE 1 SIGNATURE

DATE SIGNED
YYYY / MM / DD

TRANSFEEE 2 SIGNATURE

DATE SIGNED
YYYY / MM / DD

CONSENT – By claiming the Purpose-Built Rental exemption, First Time Home Buyers' exemption, Newly Built Home exemption, BC Provincial Nominee (PN) exemption or Canadian-controlled Limited Partnership exemption, you consent to the administrator conducting inquiries necessary to confirm your qualifications for the exemption.

SCHEDULE 1 – ADDITIONAL TRANSFEREE

Transferee 1 – Check (✓) one: Individual Corporation Other _____

Exemption Code (if claiming an exemption) _____ Percentage interest acquired _____ %

Last Name	Given Name(s)	Date of Birth (YYYY / MM / DD)	Telephone Number
Legal Name (if applicable)	Business Number	Email Address	
On the date of registration, are you a Canadian citizen or a permanent resident as defined in the Immigration and Refugee Protection Act (Canada)? YES <input type="checkbox"/> NO <input type="checkbox"/>		Social Insurance Number (SIN)	Country of Citizenship

ADDITIONAL TRANSFEREE INFORMATION FOR NON-CANADIAN CITIZEN OR NON-PERMANENT RESIDENT

Are you claiming a B.C. Provincial Nominee (PN) exemption? (If you are claiming a B.C. PN exemption, you must attach a copy of your B.C. PN Certificate.) YES <input type="checkbox"/> NO <input type="checkbox"/>	B.C. PN Certificate Number	Individual Tax Number (ITN)
Mailing Address (include street or PO box, city, province/state/territory)	Postal/ZIP Code	Country

Did the transferee live in B.C. for one year prior to the transfer of the property? YES (If yes, enter address below) NO

Previous Mailing Address (include street or PO box, city, province/state/territory)	Postal/ZIP Code	Country
-------------------------------------------------------------------------------------	-----------------	---------

Enter two income tax returns filed as a B.C. resident during the six years before the date of registration. _____

Does the transferee intend to use the property as their principal residence? YES NO

Is the transferee claiming the purpose-built rental exemption? YES NO

Is the transferee holding the property on behalf of a limited partnership? (If yes, complete **Schedule 7 - Limited Partnership**) YES NO

Is the transferee claiming the Canadian-controlled limited partnership exemption? YES NO

Is the transferee a trustee? (If yes, complete **Schedule 4 - Settlor and Beneficiary Information**) YES NO

FIRST TIME HOME BUYERS' DECLARATION

DECLARATION – Complete this section only if you are applying for the First Time Home Buyers' Program. Before completing, make sure you read and understand the qualifications for the exemption and the first-year requirements as explained in the **Guide to the First Time Home Buyers' Program**.

Penalty for False Declaration – If a false declaration is made, the transferee will be charged an amount equal to **double** the tax (the total tax the transferee owes plus a penalty equal to the exemption they claimed).

	Transferee 1	Transferee 2
1. Have you owned an interest in a principal residence (where you lived) anywhere in the world at any time?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever received a B.C. First Time Home Buyers' exemption or refund?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. On the date of registration, are you a Canadian citizen or a permanent resident as defined in the Immigration and Refugee Protection Act (Canada)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you continuously resided in B.C. for at least one year immediately prior to the registration date OR filed two income tax returns as a B.C. resident during the six years before the date of registration?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

PURPOSE-BUILT RENTAL DECLARATION

DECLARATION – Complete this section if any transferee is applying for the purpose-built rental exemption. Before completing, make sure all transferees read and understand the qualifications for this exemption and the 10-year requirements as explained at the **Purpose-Built Rental exemption** webpage.

Penalty for False Declaration – If a false declaration is made, the transferee will be charged an amount equal to **double** the tax (the total tax the transferee owes plus a penalty equal to the exemption they claimed)

	Transferee 1	Transferee 2
1. Has the transferee confirmed this is the first registration since the residential improvement was completed or placed on the property?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has the transferee confirmed the residential improvement has not previously been used as a dwelling since the construction began or since the improvement was placed on the property?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Has the transferee confirmed the residential improvement contains at least four apartments?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

CERTIFICATION (IMPORTANT – Each transferee must complete a certification)

I certify and declare that the information given in this return is complete and correct in all respects. I acknowledge that there are penalties for tax avoidance or providing false information. These penalties may include double the tax, tax plus interest and a fine and/or up to two years' imprisonment.

Freedom of Information and Protection of Privacy Act (FOIPPA) – The personal information on this form is collected for the purposes of the administration or enforcement of the Property Transfer Tax Act under the authority of section 26(a) of the FOIPPA. Information provided may be verified by accessing relevant records available to the administrator. The information collected may be used or disclosed for purposes of other provincial acts that provide for the imposition and collection of a tax. It may also be disclosed to other federal or provincial public bodies to the extent authorized by law. Questions about the collection or use of this information can be directed to the Director, Property Transfer Tax, PO Box 9427 Stn Prov Govt, Victoria, BC V8W 9V1 (telephone: Victoria at 236-478-1593 or toll free at 1-888-841-0090).

TRANSFEEE SIGNATURE

DATE SIGNED
YYYY / MM / DD

CONSENT – By claiming the Purpose-Built Rental exemption, First Time Home Buyers' exemption, Newly Built Home exemption, BC Provincial Nominee (PN) exemption or Canadian-controlled Limited Partnership exemption, you consent to the administrator conducting inquiries necessary to confirm your qualifications for the exemption.

Attach a **Schedule 1 - Additional Transferee** for each additional transferee

Attach a **Schedule 5 - For transfers involving a corporation**

SCHEDULE 2 – ADDITIONAL TRANSFEROR INFORMATION

Additional Transferor – Check (✓) one: Individual Corporation Other _____

Did you confirm the residency status of the transferor? YES NO

As defined under the Income Tax Act, is the transferor a: Resident of Canada Non-Resident of Canada

Last Name _____ Given Name(s) _____

Legal Name (if applicable) _____ Telephone Number _____ Email Address _____

Mailing Address (include street or PO box, city, province/state/territory) _____ Postal/ZIP Code _____ Country _____

Additional Transferor – Check (✓) one: Individual Corporation Other _____

Did you confirm the residency status of the transferor? YES NO

As defined under the Income Tax Act, is the transferor a: Resident of Canada Non-Resident of Canada

Last Name _____ Given Name(s) _____

Legal Name (if applicable) _____ Telephone Number _____ Email Address _____

Mailing Address (include street or PO box, city, province/state/territory) _____ Postal/ZIP Code _____ Country _____

Additional Transferor – Check (✓) one: Individual Corporation Other _____

Did you confirm the residency status of the transferor? YES NO

As defined under the Income Tax Act, is the transferor a: Resident of Canada Non-Resident of Canada

Last Name _____ Given Name(s) _____

Legal Name (if applicable) _____ Telephone Number _____ Email Address _____

Mailing Address (include street or PO box, city, province/state/territory) _____ Postal/ZIP Code _____ Country _____

Additional Transferor – Check (✓) one: Individual Corporation Other _____

Did you confirm the residency status of the transferor? YES NO

As defined under the Income Tax Act, is the transferor a: Resident of Canada Non-Resident of Canada

Last Name _____ Given Name(s) _____

Legal Name (if applicable) _____ Telephone Number _____ Email Address _____

Mailing Address (include street or PO box, city, province/state/territory) _____ Postal/ZIP Code _____ Country _____

Attach another **Schedule 2 - Additional Transferor Information** form for all additional transferors

SCHEDULE 3 – ADDITIONAL PROPERTY

Parcel Identifier Number (PID)	Legal Description
Municipality	
Regional District	
Parcel Identifier Number (PID)	Legal Description
Municipality	
Regional District	
Parcel Identifier Number (PID)	Legal Description
Municipality	
Regional District	
Parcel Identifier Number (PID)	Legal Description
Municipality	
Regional District	
Parcel Identifier Number (PID)	Legal Description
Municipality	
Regional District	
Parcel Identifier Number (PID)	Legal Description
Municipality	
Regional District	

Attach another **Schedule 3 - Additional Property** form for all additional properties

SCHEDULE 4 – SETTLORS AND BENEFICIARIES

Trustee Name

Trust Name

Is this a bare trust? YES NO Is this trust exempt from the additional information disclosure? YES (If yes, list trust type) _____ NO Did you identify and report all the settlors and beneficiaries? YES NO (If no, you must explain the effort made and the reason why you were unable to identify and report all settlors and beneficiaries. Attach this explanation to your return.)**Check (✓) one:** Settlor Beneficiary Both **Type:** Individual Corporation Other

Last Name	Given Name(s)	Date of Birth (YYYY / MM / DD)	Telephone Number
-----------	---------------	--------------------------------	------------------

Legal Name (if applicable)	Business Number	Email Address
----------------------------	-----------------	---------------

On the date of registration, is the individual a Canadian citizen or a permanent resident as defined in the Immigration and Refugee Protection Act (Canada)? YES <input type="checkbox"/> NO <input type="checkbox"/>	Social Insurance Number (SIN)	Country of Citizenship
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------	------------------------

Individual Tax Number (ITN)	Mailing Address (include street or PO box number/name and city)
-----------------------------	-----------------------------------------------------------------

Province/State	Postal/ZIP Code	Country
----------------	-----------------	---------

Check (✓) one: Settlor Beneficiary Both **Type:** Individual Corporation Other

Last Name	Given Name(s)	Date of Birth (YYYY / MM / DD)	Telephone Number
-----------	---------------	--------------------------------	------------------

Legal Name (if applicable)	Business Number	Email Address
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On the date of registration, is the individual a Canadian citizen or a permanent resident as defined in the Immigration and Refugee Protection Act (Canada)? YES <input type="checkbox"/> NO <input type="checkbox"/>	Social Insurance Number (SIN)	Country of Citizenship
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------	------------------------

Individual Tax Number (ITN)	Mailing Address (include street or PO box number/name and city)
-----------------------------	-----------------------------------------------------------------

Province/State	Postal/ZIP Code	Country
----------------	-----------------	---------

Check (✓) one: Settlor Beneficiary Both **Type:** Individual Corporation Other

Last Name	Given Name(s)	Date of Birth (YYYY / MM / DD)	Telephone Number
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Legal Name (if applicable)	Business Number	Email Address
----------------------------	-----------------	---------------

On the date of registration, is the individual a Canadian citizen or a permanent resident as defined in the Immigration and Refugee Protection Act (Canada)? YES <input type="checkbox"/> NO <input type="checkbox"/>	Social Insurance Number (SIN)	Country of Citizenship
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------	------------------------

Individual Tax Number (ITN)	Mailing Address (include street or PO box number/name and city)
-----------------------------	-----------------------------------------------------------------

Province/State	Postal/ZIP Code	Country
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Attach another **Schedule 4 - Settlers and Beneficiaries** form for all additional settlors and/or beneficiaries

SCHEDULE 5 – DIRECTORS OF CORPORATION

Legal Name (if applicable)

Is the transferee a public company? YES <input type="checkbox"/> NO <input type="checkbox"/>	Public Company Name (if different from legal name)
Is the corporation excluded from the additional information disclosure? YES <input type="checkbox"/> NO <input type="checkbox"/>	Exclusion Type
Does the corporation have any corporate interest holders? YES <input type="checkbox"/> (If yes, complete Schedule 6) NO <input type="checkbox"/>	Is the corporation a foreign corporation? YES <input type="checkbox"/> NO <input type="checkbox"/>
Jurisdiction of Incorporation	Are any shareholders of the corporation a foreign entity? YES <input type="checkbox"/> NO <input type="checkbox"/>

Director 1 – Check (✓) one: Individual Corporation Other _____

Last Name	Given Name(s)	Date of Birth (YYYY / MM / DD)	Telephone Number
Legal Name (if applicable)	Business Number	Email Address	
On the date of registration, are you a Canadian citizen or a permanent resident as defined in the Immigration and Refugee Protection Act (Canada)? YES <input type="checkbox"/> NO <input type="checkbox"/>	Social Insurance Number (SIN)	Country of Citizenship	
Individual Tax Number (ITN)	Mailing Address (include street or PO box number/name and city)		
Province/State	Postal/ZIP Code	Country	

Director 2 – Check (✓) one: Individual Corporation Other _____

Last Name	Given Name(s)	Date of Birth (YYYY / MM / DD)	Telephone Number
Legal Name (if applicable)	Business Number	Email Address	
On the date of registration, are you a Canadian citizen or a permanent resident as defined in the Immigration and Refugee Protection Act (Canada)? YES <input type="checkbox"/> NO <input type="checkbox"/>	Social Insurance Number (SIN)	Country of Citizenship	
Individual Tax Number (ITN)	Mailing Address (include street or PO box number/name and city)		
Province/State	Postal/ZIP Code	Country	

Director 3 – Check (✓) one: Individual Corporation Other _____

Last Name	Given Name(s)	Date of Birth (YYYY / MM / DD)	Telephone Number
Legal Name (if applicable)	Business Number	Email Address	
On the date of registration, are you a Canadian citizen or a permanent resident as defined in the Immigration and Refugee Protection Act (Canada)? YES <input type="checkbox"/> NO <input type="checkbox"/>	Social Insurance Number (SIN)	Country of Citizenship	
Individual Tax Number (ITN)	Mailing Address (include street or PO box number/name and city)		
Province/State	Postal/ZIP Code	Country	

Attach another **Schedule 5 - Directors of Corporation** form for all additional directors

SCHEDULE 6 – CORPORATE INTEREST HOLDERS

Did you identify and report all the corporate interest holders? YES NO (If no, you must explain the effort made and the reason why you were unable to identify and report all corporate interest holders. Attach this explanation to your return.)

INTEREST HOLDER 1:

Last Name	Given Name(s)	Date of Birth (YYYY / MM / DD)
-----------	---------------	--------------------------------

Telephone Number	Email Address
------------------	---------------

On the date of registration, are you a Canadian citizen or a permanent resident as defined in the Immigration and Refugee Protection Act (Canada)? YES <input type="checkbox"/> NO <input type="checkbox"/>	Social Insurance Number (SIN)	Country of Citizenship
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Individual Tax Number (ITN)	Mailing Address (include street or PO box number/name and city)
-----------------------------	-----------------------------------------------------------------

Province/State	Postal/ZIP Code	Country
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INTEREST HOLDER 2:

Last Name	Given Name(s)	Date of Birth (YYYY / MM / DD)
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Telephone Number	Email Address
------------------	---------------

On the date of registration, are you a Canadian citizen or a permanent resident as defined in the Immigration and Refugee Protection Act (Canada)? YES <input type="checkbox"/> NO <input type="checkbox"/>	Social Insurance Number (SIN)	Country of Citizenship
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------	------------------------

Individual Tax Number (ITN)	Mailing Address (include street or PO box number/name and city)
-----------------------------	-----------------------------------------------------------------

Province/State	Postal/ZIP Code	Country
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INTEREST HOLDER 3:

Last Name	Given Name(s)	Date of Birth (YYYY / MM / DD)
-----------	---------------	--------------------------------

Telephone Number	Email Address
------------------	---------------

On the date of registration, are you a Canadian citizen or a permanent resident as defined in the Immigration and Refugee Protection Act (Canada)? YES <input type="checkbox"/> NO <input type="checkbox"/>	Social Insurance Number (SIN)	Country of Citizenship
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------	------------------------

Individual Tax Number (ITN)	Mailing Address (include street or PO box number/name and city)
-----------------------------	-----------------------------------------------------------------

Province/State	Postal/ZIP Code	Country
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INTEREST HOLDER 4:

Last Name	Given Name(s)	Date of Birth (YYYY / MM / DD)
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Telephone Number	Email Address
------------------	---------------

On the date of registration, are you a Canadian citizen or a permanent resident as defined in the Immigration and Refugee Protection Act (Canada)? YES <input type="checkbox"/> NO <input type="checkbox"/>	Social Insurance Number (SIN)	Country of Citizenship
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------	------------------------

Individual Tax Number (ITN)	Mailing Address (include street or PO box number/name and city)
-----------------------------	-----------------------------------------------------------------

Province/State	Postal/ZIP Code	Country
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Attach another **Schedule 6 - Corporate Interest Holders** form for all additional corporate interest holders

SCHEDULE 7 – LIMITED PARTNERSHIP

Limited Partnership Name	What is the term for which the limited partnership is to exist?
--------------------------	-----------------------------------------------------------------

What is the general nature of the business carried on or intended to be carried on by the limited partnership?

Partner Type – Check (✓) one:
 General Partner Limited Partner
Type – Check (✓) one:
 Individual Corporation Trust Other _____

Trust Name	Trust Account Number	Other Name
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Last Name	Given Name(s)	Email Address
-----------	---------------	---------------

Legal Name (if applicable)	Business Number	Telephone Number
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Individual Tax Number (ITN)	Date of Birth (YYYY/MM/DD)	On the date of registration, are you a Canadian citizen or a permanent resident as defined in the Immigration and Refugee Protection Act (Canada)? YES <input type="checkbox"/> NO <input type="checkbox"/>
-----------------------------	----------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Social Insurance Number (SIN)	Country of Citizenship	Mailing Address (include street or PO box number/name and city)
-------------------------------	------------------------	-----------------------------------------------------------------

Province/State	Postal/ZIP Code	Country	Is the corporation a foreign corporation? YES <input type="checkbox"/> NO <input type="checkbox"/>
----------------	-----------------	---------	----------------------------------------------------------------------------------------------------

Is any beneficiary a foreign entity? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is the partner a foreign limited partner? YES <input type="checkbox"/> NO <input type="checkbox"/>	Fair Market Value of Capital Contributions \$ _____
-----------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------	-----------------------------------------------------

What is the residency of the partner for income tax purposes throughout the taxation year in which the transaction occurs? Resident of Canada Non-Resident of Canada

Income Tax Fiscal Year End (MM / DD)	What is the partner's share of the limited partnership profit? _____ %
--------------------------------------	------------------------------------------------------------------------

Partner Type – Check (✓) one:
 General Partner Limited Partner
Type – Check (✓) one:
 Individual Corporation Trust Other _____

Trust Name	Trust Account Number	Other Name
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Last Name	Given Name(s)	Email Address
-----------	---------------	---------------

Legal Name (if applicable)	Business Number	Telephone Number
----------------------------	-----------------	------------------

Individual Tax Number (ITN)	Date of Birth (YYYY/MM/DD)	On the date of registration, are you a Canadian citizen or a permanent resident as defined in the Immigration and Refugee Protection Act (Canada)? YES <input type="checkbox"/> NO <input type="checkbox"/>
-----------------------------	----------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Social Insurance Number (SIN)	Country of Citizenship	Mailing Address (include street or PO box number/name and city)
-------------------------------	------------------------	-----------------------------------------------------------------

Province/State	Postal/ZIP Code	Country	Is the corporation a foreign corporation? YES <input type="checkbox"/> NO <input type="checkbox"/>
----------------	-----------------	---------	----------------------------------------------------------------------------------------------------

Is any beneficiary a foreign entity? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is the partner a foreign limited partner? YES <input type="checkbox"/> NO <input type="checkbox"/>	Fair Market Value of Capital Contributions \$ _____
-----------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------	-----------------------------------------------------

What is the residency of the partner for income tax purposes throughout the taxation year in which the transaction occurs? Resident of Canada Non-Resident of Canada

Income Tax Fiscal Year End (MM / DD)	What is the partner's share of the limited partnership profit? _____ %
--------------------------------------	------------------------------------------------------------------------

Attach another **Schedule 7 - Limited Partnership** form for all additional partners of the limited partnership



Transparency Declaration

The personal information collected by this system is collected by the Land Title and Survey Authority of BC under the authority of section 26(a) and 26(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of processing your application to file a Transparency Declaration under the *Land Owner Transparency Act*. If you have any questions about LTSA's collection, use or disclosure of your personal information, please contact: LTSA Privacy Officer at: FOIPPA@ltsa.ca, Suite 200, 1321 Blanshard Street, Victoria BC, V8W 9J3.

1. Property Information

Does the land being transferred have a Parcel Identifier (PID) assigned to it? Yes No*

If yes: Enter the Parcel Identifier (PID) assigned to the land being transferred. If more space is needed, enter the remaining PIDs in another Transparency Declaration form.

Parcel identifier (PID)	Legal description
<input type="text"/> Example: 001-987-654	<input type="text"/> Example: Lot 1 District Lot 555 New Westminster District Plan 12345
<input type="text"/>	<input type="text"/>

If no: Enter another identifier or a legal description of the parcel. (Select one)

Land title or charge number	Legal description of land
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Suggested structure of title or charge entry:
<Land Title District> <Book Prefix>
<Volume>/<Folio>/<Document Number>

Examples of titles / charges:
NW AFB 18/155/979a
KA AFCB 1/524/1960
VA IFB 6/447/17185

Examples of legal description of a parcel of land:
District Lot 1234, Cariboo Land District Lot 1, District Lot 555, New Westminster District, Plan 12345

*If the parcel has not been assigned a PID, enter another identifier or a legal description of the parcel below. Titles and charges that do not have a PID are those recorded in an Absolute Fee Book (AFB), Indefeasible Fee Book (IFB), Absolute Fee Charge Book (AFCB) or are Vancouver Street Leases.

2. Transferee Information

Transferee 1

Type (select one)

Corporation	
<input type="text"/> Name of corporation	
Individual	
<input type="text"/> Given name(s)	<input type="text"/> Last name

Is this transferee a reporting body*? Yes No

*A reporting body is a relevant corporation, a trustee of a relevant trust, or a partner of a relevant partnership that is required to file a transparency report under *Land Owner Transparency Act*.

If this transferee is a reporting body, please select one of the following types.

Reporting body type (select one)		
<input type="radio"/> Relevant corporation	<input type="radio"/> Trustee of a relevant trust	<input type="radio"/> Partner of a relevant partnership*

*Partnership is the relation which subsists between persons carrying on business in common with a view of profit.

Reporting body is exempt from the requirement to file a Transparency Report under s. 21 of the Land Owner Transparency Regulation

Transferee 2

Type (select one)

Corporation	
Name of corporation	
Individual	
Given name(s)	Last name

Is this transferee a reporting body*? Yes No

*A reporting body is a relevant corporation, a trustee of a relevant trust, or a partner of a relevant partnership that is required to file a transparency report under *Land Owner Transparency Act*.

If this transferee is a reporting body, please select one of the following types.

Reporting body type (select one)		
Relevant corporation	Trustee of a relevant trust	Partner of a relevant partnership*

*Partnership is the relation which subsists between persons carrying on business in common with a view of profit.

Reporting body is exempt from the requirement to file a Transparency Report under s. 21 of the Land Owner Transparency Regulation

Transferee 3

Type (select one)

Corporation	
Name of corporation	
Individual	
Given name(s)	Last name

Is this transferee a reporting body*? Yes No

*A reporting body is a relevant corporation, a trustee of a relevant trust, or a partner of a relevant partnership that is required to file a transparency report under *Land Owner Transparency Act*.

If this transferee is a reporting body, please select one of the following types.

Reporting body type (select one)		
Relevant corporation	Trustee of a relevant trust	Partner of a relevant partnership*

*Partnership is the relation which subsists between persons carrying on business in common with a view of profit.

Reporting body is exempt from the requirement to file a Transparency Report under s. 21 of the Land Owner Transparency Regulation



Transferee 4

Type (select one)

Corporation	
Name of corporation	
Individual	
Given name(s)	Last name

Is this transferee a reporting body*? Yes No

*A reporting body is a relevant corporation, a trustee of a relevant trust, or a partner of a relevant partnership that is required to file a transparency report under *Land Owner Transparency Act*.

If this transferee is a reporting body, please select one of the following types.

Reporting body type (select one)		
Relevant corporation	Trustee of a relevant trust	Partner of a relevant partnership*

*Partnership is the relation which subsists between persons carrying on business in common with a view of profit.

Reporting body is exempt from the requirement to file a Transparency Report under s. 21 of the Land Owner Transparency Regulation

3. Certifier Information

I, having knowledge of the matters included in this transparency declaration and having the actual authority to certify this declaration as the transferee or on behalf of the transferee, I certify that this transparency declaration is correct and complete to the extent required under s. 10(3) and s. 25 of the *Land Owner Transparency Act* (LOTA). I understand and acknowledge that LOTA provides for administrative penalties under Division 4 of Part 4 and for fines and other monetary payments under Part 6 for the provision of false or misleading information in a transparency declaration.

Certifier 1 - Name (Printed)	Certifying on behalf of the following transferee
Signature	Certification date (YYYY-MM-DD)
x	

Certifier 2 - Name (Printed)	Certifying on behalf of the following transferee
Signature	Certification date (YYYY-MM-DD)
x	

Certifier 3 - Name (Printed)	Certifying on behalf of the following transferee
Signature	Certification date (YYYY-MM-DD)
x	

Certifier 4 - Name (Printed)	Certifying on behalf of the following transferee
Signature	Certification date (YYYY-MM-DD)
x	



Declaration of Exclusion from the Land Owner Transparency Act (LOTA)

1. Applicant and Application Type (*Land Title Act*)

Name

Application Type

Transmission to Personal Representative

2. Property Information

Parcel Identifier (PID)

Legal Description

Example: 001-987-654

Example: Lot 1 District Lot 555 New Westminster District Plan 12345

3. Reason for Exclusion (*Choose one*)

The interest in land(s) being transferred is not one of the following interests in land as defined in section 1 of LOTA:

- (a) an estate in fee simple;
- (b) a life estate in land;
- (c) a right to occupy land under a lease that has a term of more than 10 years;
- (d) a right under an agreement for sale to
 - (i) occupy land, or
 - (ii) require the transfer of an estate in fee simple;

The interest in land(s) being transmitted is one of the following Indigenous lands under section 6 of LOTA:

- (a) treaty lands of a Treaty First Nation;
- (b) Nisga'a Lands;
- (c) Nisga'a Fee Simple Lands as defined in the Definitions Chapter of the Nisga'a Final Agreement;
- (d) shísháhlh lands as defined in section 2 (1) of the *shísháhlh Nation Self-Government Act* (Canada);
- (e) a reserve, as defined in section 2 (1) [*definitions*] of the *Indian Act* (Canada);
- (f) Other Maa-nulth First Nation Lands as defined in the Definitions Chapter of the Maa-nulth First Nations Final Agreement;
- (g) Other Tla'amin Lands as defined in the Definitions Chapter of the Tla'amin Final Agreement;
- (h) Other Tsawwassen Lands as defined in the Definitions Chapter of the Tsawwassen First Nation Final Agreement.
- (i) Prescribed land.

Government of BC exemption under s. 21.2 of the Land Owner Transparency Regulation.

First Nation exemption under s. 21.22 of the Land Owner Transparency Regulation.

4. Certify

I certify that I have knowledge of the matters included in this declaration, that the information is correct and complete and that I am one of the following:

- A personal representative for the deceased or,
- An agent authorized by the personal representative to submit this document on their behalf.

Signature

Certification Date (YYYY-MM-DD)

X