

Change of Company Name Due to Amalgamation

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. Please **mail** or **courier** your application in hard copy format to the New Westminster office. **Fax or email applications will not be accepted.**

1. Complete Form 17 (enclosed).
2. Complete the Property Transfer Tax Return.
 - a. The form can be filled out [online](#).
 - b. If filling out online, print, sign and enclose the completed form.
 - c. For assistance with this form, contact the Ministry of Finance, Property Transfer Tax Section, at 250-387-0555 or toll free at 1-888-355-2700.
3. Include the Amalgamation certificate from the Corporate Registry.
4. Provide the existing Duplicate Indefeasible Title Certificate, if not on file with the Land Title Office. This establishes what name is currently on title.
5. If you require confirmation of registration, please complete the Request for State of Title Certificate form.
6. Submit your application by mail to:
Land Title and Survey Authority of British Columbia
Suite 500 – 11 Eighth Street, New Westminster, BC V3M 3N7

To confirm the exact name(s) on the title, consider registering for a myLTSA Explorer account and doing a [title search](#).

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

The Corporate Registry can be accessed through [BC Corporate Online](#).

Fees

1. Pay a registration fee of \$75.22 for each parcel or charge affected.
2. Pay any Property Transfer Tax owing as indicated on your Property Transfer Tax Return.
 - a. Make cheques payable to the Minister of Finance for the Property Transfer Tax remittance.
3. If you have requested a State of Title Certificate, pay \$15.04 for each title.

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".

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

Checklist

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

- Completed Form 17.
- Completed Property Transfer Tax Return.
 - If filling out online, print, sign and enclose the completed form.
- Amalgamation certificate from the Corporate Registry.
- Existing Duplicate Indefeasible Title Certificate, if not on file with the Land Title Office.
- Request for State of Title Certificate form (if you require confirmation of registration) and payment of \$15.04 for each title.
- Registration fee of \$75.22 for each parcel or charge affected.

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 \$15.04 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)

Applicant: (full name, address, phone number and signature of applicant, applicant's solicitor or agent)

.....
Signature of applicant or solicitor or authorized agent

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

Market Value: \$

(applicable to fee simple applications)

Nature of Interest: Change of Name of a Company

Registration Number of Charge, Notation or Filing:

(applicable to modification or cancellation of a registered interest)

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 and Survey Authority of British Columbia State of Title Certificate Request Form

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

Fee: \$15.04 per State of Title Certificate payable to the Land Title and Survey Authority of British Columbia

State of Title Certificate is required for the following lands:
(Insert Parcel Identifier number (PID) and Legal Description here)

Applicant Name:

Mailing Address:

OPTIONAL

Related application number:

Agent:

LTO Client Number:

PART A - TRANSFEREE INFORMATION (If more than two transferees, add additional form)

TRANSFEEE 1 INDIVIDUAL CORPORATION OTHER:
Are you claiming an exemption?
LAST NAME/CORPORATION NAME GIVEN NAME(S)
DATE OF BIRTH (YYYY/MM/DD) TELEPHONE NUMBER 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)?

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

If you are a confirmed BC Provincial Nominee (PN), provide your BC PN certificate number
Are you claiming a BC PN Exemption?
INDIVIDUAL TAX NUMBER (ITN)

Note: If you are claiming a BC Provincial Nominee exemption you must attach a copy of your BC PN Certificate

MAILING ADDRESS (Apt. No., Street No./Name, PO Box, RR) CITY
PROVINCE/STATE POSTAL/ZIP CODE COUNTRY

Did the transferee live in BC for one year prior to the transfer of the property?
PREVIOUS MAILING ADDRESS (Apt. No., Street No./Name, PO Box, RR) CITY
PROVINCE/STATE POSTAL/ZIP CODE COUNTRY

Enter two income tax returns filed as a BC resident during the six years before the date of registration.
Does the transferee intend to use the property as their principal residence?
Is the transferee holding the property on behalf of a limited partnership?
Is the transferee claiming the Canadian-controlled limited partnership exemption?
Is the transferee a trustee? (If YES, complete Schedule 4 - Settlor and Beneficiary Information)

TRANSFEEE 2 INDIVIDUAL CORPORATION OTHER:
Are you claiming an exemption?
LAST NAME/CORPORATION NAME GIVEN NAME(S)
DATE OF BIRTH (YYYY/MM/DD) TELEPHONE NUMBER 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)?

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

If you are a confirmed BC Provincial Nominee (PN), provide your BC PN certificate number
Are you claiming a BC PN Exemption?
INDIVIDUAL TAX NUMBER (ITN)

Note: If you are claiming a BC Provincial Nominee exemption you must attach a copy of your BC PN Certificate

MAILING ADDRESS (Apt. No., Street No./Name, PO Box, RR) CITY
 PROVINCE/STATE POSTAL/ZIP CODE COUNTRY

Did the transferee live in BC for one year prior to the transfer of the property? Yes No (If YES, enter address; if NO enter income tax years)

PREVIOUS MAILING ADDRESS (Apt. No., Street No./Name, PO Box, RR) CITY
 PROVINCE/STATE POSTAL/ZIP CODE COUNTRY

Enter two income tax returns filed as a BC 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 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(s) 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 (Apt. No., Street No./Name, PO Box, RR) CITY
 PROVINCE/STATE POSTAL/ZIP CODE COUNTRY

PART C - TRANSFEROR INFORMATION (if more than two transferors, add additional form)

TRANSFEROR 1 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/CORPORATION NAME GIVEN NAME(S)
 TELEPHONE NUMBER EMAIL ADDRESS
 ADDRESS (Apt. No., Street No./Name, PO Box, RR) CITY
 PROVINCE/STATE POSTAL/ZIP CODE COUNTRY

TRANSFEROR 2 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/CORPORATION NAME GIVEN NAME(S)
 TELEPHONE NUMBER EMAIL ADDRESS
 ADDRESS (Apt. No., Street No./Name, PO Box, RR) CITY
 PROVINCE/STATE POSTAL/ZIP CODE COUNTRY

Attach a Schedule 2 - Additional Transferor(s) for each additional transferor

PART D - DESCRIPTION OF PROPERTY AND TRANSFER

DATE TRANSACTION WAS COMPLETED (YYYY/MM/DD) DATE OF INTERIM AGREEMENT OR CONTRACT (YYYY/MM/DD)

TRANSFER OF	PROPERTY TYPE	TRANSACTION TYPE	PARCEL IDENTIFIER NUMBER (PID)
Land with Improvements <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vacant land <input type="radio"/>			

Is this property a pre-sold strata lot? Yes No Was this contract assigned? Yes No

Lease Terms in years (including any renewals) PERCENTAGE OF INTEREST BEING TRANSFERRED (%)

CIVIC ADDRESS (APT. NO, STREET NO./NAME)

LEGAL DESCRIPTION

MUNICIPALITY REGIONAL DISTRICT

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 BC 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 No (if yes complete civic address, PID, municipality and regional district)

CIVIC ADDRESS (APT. NO, STREET NO./NAME) PARCEL IDENTIFIER NUMBER(PID)

MUNICIPALITY REGIONAL DISTRICT

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

Real Property (land and buildings)	<input type="text"/>	If Other, provide a brief description <input type="text"/>
Chattels	<input type="text"/>	
Fixtures	<input type="text"/>	
Intangibles (Goodwill, Quotas, etc.)	<input type="text"/>	
Other	<input type="text"/>	
Gross Purchase Price	<input type="text"/>	

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 INFORMATIONADVANCE TAX RULING NUMBER (if applicable) ORDER IN COUNCIL NUMBER (if applicable) CHARITABLE REGISTRATION NUMBER 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 No What is the relationship between the transferee and transferor? (for EX 05, 06, 07, 12,18 or Admin) What is the relationship between the beneficiary and the settlor? (for EX 12, 41 42, or Admin) What is the name of the person farming the land? What is the relationship between that person (farming) and the transferee and transferor? (for EX 07,18 or Admin) What is the relationship between the transferee and the deceased? (for EX 07, 40 or Admin) Who resided on the property immediately prior to the death of the deceased? (for EX 07, 40 or Admin) Who currently resides on the property? (for EX 05,12, 41, 42 or Admin) How long have they resided on the property? Years Months Is there more than one improvement on the property? Yes No How many families will occupy the improvements? Do the improvements contain a commercial portion? Yes No Will it continue to be used as commercial? **PART H - PROPERTY VALUE INFORMATION**Total size of the property Size of the farm portion of the property Is there a dwelling on the farm portion of the property? Yes No Total Value of All Improvements of the Property Value of Residential Improvements Only Total Value of All Land on the Property Value of Residential Land Only Total Value of Property \$ Fair Market Value of Entire Property (if different from the Total Value of Property) \$ **PART I - PROPERTY TRANSFER TAX (PTT) CALCULATION**Is this return a for a previously withdrawn or cancelled transfer? Yes No How much PTT was previously paid? \$ Land Title Registration Number for the previous transfer Will payment be made by journal voucher? Yes No Journal Voucher Number Fair Market Value of Entire Property General PTT Fair Market Value of Property or Interest in Property Transferring Additional Property Transfer Tax (FMV of residential property x % of ownership transferred x 20%) Adjusted PTT Additional Property Transfer Tax (override) General PTT (before exemption) Tax on Residential Property over \$3M (FMV of residential property x % of ownership transferred x 2%) Adjusted PTT Total PTT Payable \$ Exemption of General PTT Total PTT Previously Paid Exemption of General PTT (override) PTT Due \$ **ATTACH A CHEQUE, BANK DRAFT OR MONEY ORDER FOR THIS AMOUNT, PAYABLE TO THE MINISTER OF FINANCE**

FIRST TIME HOME BUYER'S 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 you make a false declaration, you will be charged an amount equal to double the tax (the tax you owe plus a penalty equal to the exemption you claimed).

Transferee 1

1. Have you owned an interest in a principal residence (where you lived) anywhere in the world at any time? Yes No
2. Have you ever received the BC first time home buyers' program or refund? Yes 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)? Yes No
4. Have you continuously resided in BC for at least one year immediately prior to the registration date OR filed two income tax returns as a BC resident during the six years before the date of registration? Yes No

Transferee 2

1. Have you owned an interest in a principal residence (where you lived) anywhere in the world at any time? Yes No
2. Have you ever received the BC first time home buyers' program or refund? Yes 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)? Yes No
4. Have you continuously resided in BC for at least one year immediately prior to the registration date OR filed two income tax returns as a BC resident during the six years before the date of registration? Yes 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, a fine and/or up to two years' imprisonment.

Freedom of Information and Protection of Privacy Act (FOIPPA) - The personal information in this form is collected for the purpose of administering the Property Transfer Tax Act under the authority of section 26(a) of the FOIPPA. 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 250-387-0555 or toll free at 1 888 355-2700)

TRANSFEEE 1 SIGNATURE

DATE SIGNED (YYYY/MM/DD)

TRANSFEEE 2 SIGNATURE

DATE SIGNED (YYYY/MM/DD)

CONSENT - I consent that the information provided on this return may be verified by accessing relevant records held by the Home Owner Grant Office, the Land Title and Survey Authority of British Columbia (LTSA), BC Assessment (BCA), the ministry responsible for the BC Provincial Nominee Program and other sources as required. Updated property information is provided to the LTSA, BCA and Canada Revenue Agency.

SCHEDULE 1 - ADDITIONAL TRANSFEREE

TRANSFEREE INDIVIDUAL CORPORATION OTHER:
Are you claiming an exemption? PERCENTAGE INTEREST ACQUIRED (%)
LAST NAME/CORPORATION NAME GIVEN NAME(S)
DATE OF BIRTH (YYYY/MM/DD) TELEPHONE NUMBER 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 No SOCIAL INSURANCE NUMBER (SIN) COUNTRY OF CITIZENSHIP

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

If you are a confirmed BC Provincial Nominee (PN), provide your BC PN certificate number BC PN CERTIFICATE NUMBER
Are you claiming a BC PN Exemption? Yes No
INDIVIDUAL TAX NUMBER (ITN)

Note if you are claiming a BC Provincial Nominee exemption you must attach a copy of your BC PN Certificate

MAILING ADDRESS (Apt. No., Street No./Name, PO Box, RR) CITY
PROVINCE/STATE POSTAL/ZIP CODE COUNTRY

Did the transferee live in BC for one year prior to the transfer of the property? Yes No (If YES, enter address; if NO enter income tax years)
PREVIOUS MAILING ADDRESS (Apt. No., Street No./Name, PO Box, RR) CITY
PROVINCE/STATE POSTAL/ZIP CODE COUNTRY

Enter two income tax returns filed as a BC 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 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 BUYER'S 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 you make a false declaration, you will be charged an amount equal to double the tax (the tax you owe plus a penalty equal to the exemption you claimed).

- 1. Have you owned an interest in a principal residence (where you lived) anywhere in the world at any time? Yes No
- 2. Have you ever received the BC first time home buyers' program or refund? Yes 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)? Yes No
- 4. Have you continuously resided in BC for at least one year immediately prior to the registration date OR filed two income tax returns as a BC resident during the six years before the date of registration? Yes 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, a fine and/or up to two years' imprisonment.

Freedom of Information and Protection of Privacy Act (FOIPPA) - The personal information in this form is collected for the purpose of administering the Property Transfer Tax Act under the authority of section 26(a) of the FOIPPA. 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 250-387-0555 or toll free at 1 888 355-2700)

TRANSFEREE SIGNATURE DATE SIGNED (YYYY/MM/DD)

CONSENT - I consent that the information provided on this return may be verified by accessing relevant records held by the Home Owner Grant Office, the Land Title and Survey Authority of British Columbia (LTSA), BC Assessment (BCA), the ministry responsible for the BC Provincial Nominee Program and other sources as required. Updated property information is provided to the LTSA, BCA and Canada Revenue Agency.

Attach a Schedule 1 - additional transferee(s) for each additional transferee **Attach a Schedule 5 - For transfers involving a Corporation**

SCHEDULE 2 - ADDITIONAL TRANSFEROR INFORMATION

ADDITIONAL TRANSFEROR 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/CORPORATION NAME GIVEN NAME(S)

TELEPHONE NUMBER EMAIL ADDRESS

ADDRESS (Apt. No., Street No./Name, PO Box, RR) CITY

PROVINCE/STATE POSTAL/ZIP CODE COUNTRY

ADDITIONAL TRANSFEROR 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/CORPORATION NAME GIVEN NAME(S)

TELEPHONE NUMBER EMAIL ADDRESS

ADDRESS (Apt. No., Street No./Name, PO Box, RR) CITY

PROVINCE/STATE POSTAL/ZIP CODE COUNTRY

ADDITIONAL TRANSFEROR 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/CORPORATION NAME GIVEN NAME(S)

TELEPHONE NUMBER EMAIL ADDRESS

ADDRESS (Apt. No., Street No./Name, PO Box, RR) CITY

PROVINCE/STATE POSTAL/ZIP CODE COUNTRY

ADDITIONAL TRANSFEROR 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/CORPORATION NAME GIVEN NAME(S)

TELEPHONE NUMBER EMAIL ADDRESS

PROVINCE/STATE POSTAL/ZIP CODE COUNTRY

Attach another schedule 2 form if there are additional transferor(s)

SCHEDULE 3 - ADDITIONAL PROPERTY

PARCEL IDENTIFIER AND LEGAL DESCRIPTION OF LAND

PARCEL IDENTIFIER NUMBER (PID)

LEGAL DESCRIPTION

MUNICIPALITY

REGIONAL DISTRICT

PARCEL IDENTIFIER AND LEGAL DESCRIPTION OF LAND

PARCEL IDENTIFIER NUMBER (PID)

LEGAL DESCRIPTION

MUNICIPALITY

REGIONAL DISTRICT

PARCEL IDENTIFIER AND LEGAL DESCRIPTION OF LAND

PARCEL IDENTIFIER NUMBER(PID)

LEGAL DESCRIPTION

MUNICIPALITY

REGIONAL DISTRICT

PARCEL IDENTIFIER AND LEGAL DESCRIPTION OF LAND

PARCEL IDENTIFIER NUMBER(PID)

LEGAL DESCRIPTION

MUNICIPALITY

REGIONAL DISTRICT

Attach another schedule 3 form if there are additional properties

SCHEDULE 4 - SETTLORS AND BENEFICIARIES

TRUSTEE NAME

TRUST NAME

Is this a bare trust?

Yes No

Is the trust exempt from the additional information disclosure?

Yes No

If YES, list the Trust Type

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 this return

This is: Settlor Beneficiary Both

Type Individual Corporation Other

LAST NAME/CORPORATION NAME

GIVEN NAME(S)

DATE OF BIRTH (YYYY/MM/DD)

TELEPHONE NUMBER

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 No

SOCIAL INSURANCE NUMBER (SIN)

COUNTRY OF CITIZENSHIP

INDIVIDUAL TAX NUMBER

MAILING ADDRESS (Apt. No., Street No./Name, PO Box, RR)

CITY

PROVINCE/STATE

POSTAL/ZIP CODE

COUNTRY

This is: Settlor Beneficiary Both

Type Individual Corporation Other

LAST NAME/CORPORATION NAME

GIVEN NAME(S)

DATE OF BIRTH (YYYY/MM/DD)

TELEPHONE NUMBER

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 No

SOCIAL INSURANCE NUMBER (SIN)

COUNTRY OF CITIZENSHIP

INDIVIDUAL TAX NUMBER

MAILING ADDRESS (Apt. No., Street No./Name, PO Box, RR)

CITY

PROVINCE/STATE

POSTAL/ZIP CODE

COUNTRY

This is: Settlor Beneficiary Both

Type Individual Corporation Other

LAST NAME/CORPORATION NAME

GIVEN NAME(S)

DATE OF BIRTH (YYYY/MM/DD)

TELEPHONE NUMBER

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 No

SOCIAL INSURANCE NUMBER (SIN)

COUNTRY OF CITIZENSHIP

INDIVIDUAL TAX NUMBER

MAILING ADDRESS (Apt. No., Street No./Name, PO Box, RR)

CITY

PROVINCE/STATE

POSTAL/ZIP CODE

COUNTRY

Attach another schedule 4 form if there are additional settlors and/or beneficiaries

SCHEDULE 5 - DIRECTORS OF CORPORATION

CORPORATION INFORMATION

Legal Corporation Name

Is the transferee a public company? Yes No

Public Company Name (if different from legal name)

Is the corporation excluded from the additional information disclosure? Yes No

Exclusion type

Does the corporation have any corporate interest holders? (if "Yes" complete schedule 6) Yes No

Is the corporation a foreign corporation? Yes No

Jurisdiction of Incorporation

Are any shareholders of the corporation a foreign entity? Yes No

Director 1 INDIVIDUAL CORPORATION OTHER:

LAST NAME/CORPORATION NAME GIVEN NAME(S)

DATE OF BIRTH (YYYY/MM/DD) TELEPHONE NUMBER 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 No

SOCIAL INSURANCE NUMBER (SIN) COUNTRY OF CITIZENSHIP

INDIVIDUAL TAX NUMBER

MAILING ADDRESS (Apt. No., Street No./Name, PO Box, RR) CITY

PROVINCE/STATE POSTAL/ZIP CODE COUNTRY

Director 2 INDIVIDUAL CORPORATION OTHER:

LAST NAME/CORPORATION NAME GIVEN NAME(S)

DATE OF BIRTH (YYYY/MM/DD) TELEPHONE NUMBER 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 No

SOCIAL INSURANCE NUMBER (SIN) COUNTRY OF CITIZENSHIP

INDIVIDUAL TAX NUMBER

MAILING ADDRESS (Apt. No., Street No./Name, PO Box, RR) CITY

PROVINCE/STATE POSTAL/ZIP CODE COUNTRY

Director 3 INDIVIDUAL CORPORATION OTHER:

LAST NAME/CORPORATION NAME GIVEN NAME(S)

DATE OF BIRTH (YYYY/MM/DD) TELEPHONE NUMBER 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 No

SOCIAL INSURANCE NUMBER (SIN) COUNTRY OF CITIZENSHIP

INDIVIDUAL TAX NUMBER

MAILING ADDRESS (Apt. No., Street No./Name, PO Box, RR) CITY

PROVINCE/STATE POSTAL/ZIP CODE COUNTRY

Attach another schedule 5 form if there are 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 this return

Interest Holder 1

LAST NAME		GIVEN NAME(S)	
[]		[]	
DATE OF BIRTH (YYYY/MM/DD)	TELEPHONE NUMBER	INDIVIDUAL TAX 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)? <input type="radio"/> Yes <input type="radio"/> No		SOCIAL INSURANCE NUMBER (SIN)	COUNTRY OF CITIZENSHIP
[]		[]	[]
MAILING ADDRESS (Apt. No., Street No./Name, PO Box, RR)		CITY	
[]		[]	
PROVINCE/STATE	POSTAL/ZIP CODE	COUNTRY	
[]	[]	[]	

Interest Holder 2

LAST NAME		GIVEN NAME(S)	
[]		[]	
DATE OF BIRTH (YYYY/MM/DD)	TELEPHONE NUMBER	INDIVIDUAL TAX 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)? <input type="radio"/> Yes <input type="radio"/> No		SOCIAL INSURANCE NUMBER (SIN)	COUNTRY OF CITIZENSHIP
[]		[]	[]
MAILING ADDRESS (Apt. No., Street No./Name, PO Box, RR)		CITY	
[]		[]	
PROVINCE/STATE	POSTAL/ZIP CODE	COUNTRY	
[]	[]	[]	

Interest Holder 3

LAST NAME		GIVEN NAME(S)	
[]		[]	
DATE OF BIRTH (YYYY/MM/DD)	TELEPHONE NUMBER	INDIVIDUAL TAX 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)? <input type="radio"/> Yes <input type="radio"/> No		SOCIAL INSURANCE NUMBER (SIN)	COUNTRY OF CITIZENSHIP
[]		[]	[]
MAILING ADDRESS (Apt. No., Street No./Name, PO Box, RR)		CITY	
[]		[]	
PROVINCE/STATE	POSTAL/ZIP CODE	COUNTRY	
[]	[]	[]	

Interest Holder 4

LAST NAME		GIVEN NAME(S)	
[]		[]	
DATE OF BIRTH (YYYY/MM/DD)	TELEPHONE NUMBER	INDIVIDUAL TAX 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)? <input type="radio"/> Yes <input type="radio"/> No		SOCIAL INSURANCE NUMBER (SIN)	COUNTRY OF CITIZENSHIP
[]		[]	[]
MAILING ADDRESS (Apt. No., Street No./Name, PO Box, RR)		CITY	
[]		[]	
PROVINCE/STATE	POSTAL/ZIP CODE	COUNTRY	
[]	[]	[]	

Attach another schedule 6 form if there are additional corporate interest holders

SCHEDULE 7 - LIMITED PARTNERSHIP

Limited Partnership Name

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

What is the term for which the limited partnership is to exist?

Partners of the limited partnership

Partner Type General Partner Limited Partner
 Type Individual Corporation Trust Other

TRUST NAME <input type="text"/>	TRUST ACCOUNT NUMBER <input type="text"/>
OTHER NAME <input type="text"/>	BUSINESS NUMBER <input type="text"/>
LAST NAME/CORPORATION NAME <input type="text"/>	GIVEN NAME(S) <input type="text"/>

DATE OF BIRTH (YYYY/MM/DD) <input type="text"/>	TELEPHONE NUMBER <input type="text"/>	INDIVIDUAL TAX NUMBER <input type="text"/>	EMAIL ADDRESS <input type="text"/>
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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 No

SOCIAL INSURANCE NUMBER (SIN) <input type="text"/>	COUNTRY OF CITIZENSHIP <input type="text"/>
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MAILING ADDRESS (Apt. No., Street No./Name, PO Box, RR) <input type="text"/>	CITY <input type="text"/>	
PROVINCE/STATE <input type="text"/>	POSTAL/ZIP CODE <input type="text"/>	COUNTRY <input type="text"/>

Is the corporation a foreign corporation? Yes No Is any beneficiary a foreign entity? Yes No
 Is the partner a foreign limited partner? Yes No 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 General Partner Limited Partner
 Type Individual Corporation Trust Other

TRUST NAME <input type="text"/>	TRUST ACCOUNT NUMBER <input type="text"/>
OTHER NAME <input type="text"/>	BUSINESS NUMBER <input type="text"/>
LAST NAME/CORPORATION NAME <input type="text"/>	GIVEN NAME(S) <input type="text"/>

DATE OF BIRTH (YYYY/MM/DD) <input type="text"/>	TELEPHONE NUMBER <input type="text"/>	INDIVIDUAL TAX NUMBER <input type="text"/>	EMAIL ADDRESS <input type="text"/>
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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 No

SOCIAL INSURANCE NUMBER (SIN) <input type="text"/>	COUNTRY OF CITIZENSHIP <input type="text"/>
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MAILING ADDRESS (Apt. No., Street No./Name, PO Box, RR) <input type="text"/>	CITY <input type="text"/>	
PROVINCE/STATE <input type="text"/>	POSTAL/ZIP CODE <input type="text"/>	COUNTRY <input type="text"/>

Is the corporation a foreign corporation? Yes No Is any beneficiary a foreign entity? Yes No
 Is the partner a foreign limited partner? Yes No 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 form if there are additional partners of the limited partnership