

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. 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. Complete Form 17 (enclosed).
2. 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.
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 \$76.32 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 \$15.26 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 LOTAs, in BC's land title register, a transparency declaration must be filed to the LOTAs 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.
- 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 \$15.26 for each title.
- Registration fee of \$76.32 for each parcel or charge affected.
- 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.



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 \$14.78 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, phone number and signature of applicant, applicant's solicitor or agent)

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

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.



LTSA Land Title Office
Anvil Office Tower
Suite 500 – 11 Eighth Street
New Westminster, British Columbia
Canada V3M 3N7

State of Title Certificate Request Form

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

Fee: \$15.26 per State of Title Certificate payable to Land Title and Survey Authority of British Columbia or LTSA

Note: Cash is not accepted

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:

INSTRUCTIONS

- If you're 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 (If more than two transferees, add additional form)

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
CORPORATION NAME	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

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

Are you claiming a B.C. Provincial Nominee 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
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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 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
CORPORATION NAME	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

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

Are you claiming a B.C. Provincial Nominee 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) <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/>	NO <input type="checkbox"/>
Is the transferee holding the property on behalf of a limited partnership? (If yes, complete Schedule 7 - Limited partnership)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the transferee claiming the Canadian-controlled limited partnership exemption?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the transferee a trustee? (If yes, complete Schedule 4 - Settlor and Beneficiary Information)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Attach a **Schedule 1 – Additional Transferee** for each additional transferees 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 (If more than two transferors, add additional form)

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)		
CORPORATION 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)		
CORPORATION 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

DATE TRANSACTION WAS COMPLETED YYYY / MM / DD | DATE OF INTERIM AGREEMENT OR CONTRACT YYYY / MM / DD | TRANSFER OF: Land with improvements Vacant Land

PROPERTY TYPE | TRANSACTION TYPE | PARCEL IDENTIFIER NUMBER (PID)

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 (include apartment number, street number/name)

LEGAL DESCRIPTION

MUNICIPALITY | REGIONAL DISTRICT

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

ATTACH A CHEQUE, BANK DRAFT OR MONEY ORDER FOR THE AMOUNT OF PTT DUE, 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	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

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.

Privacy Statement – 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 Freedom of Information and Protection of Privacy Act. 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 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

Are you claiming an exemption? _____ Percentage interest acquired _____ %

LAST NAME	GIVEN NAME(S)	DATE OF BIRTH YYYY / MM / DD	TELEPHONE NUMBER
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CORPORATION NAME	BUSINESS NUMBER	EMAIL ADDRESS
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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)	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 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)
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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 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).

	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

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.

Privacy Statement - 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 Freedom of Information and Protection of Privacy Act. 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).

TRANSFEREE SIGNATURE _____ DATE SIGNED
YYYY / MM / DD

CONSENT – By claiming the 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 transferees 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)

CORPORATION NAME TELEPHONE NUMBER EMAIL ADDRESS

MAILING ADDRESS (include street or PO box, city, province/state/territory) POSTAL 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)

CORPORATION NAME TELEPHONE NUMBER EMAIL ADDRESS

MAILING ADDRESS (include street or PO box, city, province/state/territory) POSTAL 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)

CORPORATION NAME TELEPHONE NUMBER EMAIL ADDRESS

MAILING ADDRESS (include street or PO box, city, province/state/territory) POSTAL 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)

CORPORATION NAME TELEPHONE NUMBER EMAIL ADDRESS

MAILING ADDRESS (include street or PO box, city, province/state/territory) POSTAL 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	

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 the 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 this return.) **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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CORPORATION NAME	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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INDIVIDUAL TAX NUMBER (ITN)	MAILING ADDRESS (include street or PO box number/name and city)		
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PROVINCE / STATE	POSTAL CODE	COUNTRY
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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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CORPORATION NAME	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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INDIVIDUAL TAX NUMBER (ITN)	MAILING ADDRESS (include street or PO box number/name and city)		
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PROVINCE / STATE	POSTAL CODE	COUNTRY
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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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CORPORATION NAME	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
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INDIVIDUAL TAX NUMBER (ITN)	MAILING ADDRESS (include street or PO box number/name and city)		
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PROVINCE / STATE	POSTAL 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 CORPORATION NAME

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 (If yes, complete schedule 6) <input type="checkbox"/> 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
CORPORATION NAME	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
CORPORATION NAME	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
CORPORATION NAME	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 this return.)

INTEREST HOLDER 1:

LAST NAME	GIVEN NAME(S)	DATE OF BIRTH YYYY / MM / DD
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TELEPHONE NUMBER	EMAIL ADDRESS
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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 <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)
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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
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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 <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)
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PROVINCE / STATE	POSTAL / ZIP CODE	COUNTRY
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INTEREST HOLDER 3:

LAST NAME	GIVEN NAME(S)	DATE OF BIRTH YYYY / MM / DD
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TELEPHONE NUMBER	EMAIL ADDRESS
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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 <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)
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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
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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 <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)
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PROVINCE / STATE	POSTAL / ZIP CODE	COUNTRY
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Attach another **Schedule 6 - Corporation Interest Holders** form for all 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?

PARTNER TYPE – Check (✓) one:General Partner Limited Partner **TYPE – Check (✓) one:**Individual Corporation Trust Other _____

TRUST NAME

TRUST ACCOUNT NUMBER

OTHER NAME

LAST NAME

GIVEN NAME(S)

EMAIL ADDRESS

CORPORATION NAME

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 NO

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

TRUST NAME

TRUST ACCOUNT NUMBER

OTHER NAME

LAST NAME

GIVEN NAME(S)

EMAIL ADDRESS

CORPORATION NAME

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 NO

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 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 - Limited Partnership** form for all additional partners of the limited partnership