

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 \$78.17 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 \$15.63 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

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 \$15.63 for each title.
- ☐ Registration fee of \$78.17 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 \$15.52 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, applicant's solicitor or agent)

.....
Signature of applicant or solicitor 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: Change of company name due to amalgamation

.....
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:



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: \$15.63 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:

MANUAL PROPERTY
TRANSFER TAX RETURN

under the Property Transfer Tax Act

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 _____

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 ☐ NO ☐ 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 ☐ 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? YES ☐ NO ☐
(If yes, complete **Schedule 7 - Limited Partnership**)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 _____

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 ☐ NO ☐ 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
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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 ☐

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
Is this property treaty lands of the Tsawwassen First Nation? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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 <input type="checkbox"/> (If yes, complete civic address, PID, municipality and regional district) NO <input type="checkbox"/>	
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 TRANSFEREETransferor 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
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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? YES ☐ NO ☐
(If yes, complete **Schedule 7 - Limited Partnership**)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	

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 ☐ NO ☐ 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

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 ☐ NO ☐ 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

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 ☐ NO ☐ 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 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	
Individual Tax Number (ITN)		Mailing Address (include street or PO box number/name and city)			
Province/State		Postal/ZIP Code		Country	

INTEREST HOLDER 2:

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	

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	

INTEREST HOLDER 4:

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	

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

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 ☐ 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

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 ☐ 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