

COURIER: 321-3600 Uptown Blvd. Victoria, BC V8Z 0B9 MAIL: PO Box 9244 Victoria, B.C. V8W 9J2 FAX: (250) 920-7181 P: (604) 320-1664 TF: 1 888.564.9963 EMAIL: businesspractices@consumerprotectionbc.ca www.consumerprotectionbc.ca

BUSINESS INFORMATION	
Licensee Name:	
Doing Business As:	
Licence Number:	Effective Date of Change:
TYPE OF CHANGE	
<ul> <li>Change of Corporate Name: Addition         <ul> <li>Provide certificate from BC Reg</li> <li>Change of Off-Site Refrigeration for t</li> <li>Provide a copy of the <u>Refrigera</u></li> </ul> </li> <li>Change of Person in Charge of Locat</li> <li>Change of Mailing Address</li> <li>Change of Corporate Office Address</li> <li>Change of Phone, Fax, Email Address</li> <li>Change of Fiscal Year End</li> </ul>	ence of the new address. An inspection may be required prior to licensing. A / Deletion of Trade Name **Fee Required** gistrar of Companies certifying the change he Storage of Human Remains ation Contract Statutory Declaration signed by yourself and the provider tion or Additional Contacts
	DETAILS OF CHANGE
From:	To:
Authorized signing officer:	
Signature	Print Name
Date	Title
APPL	ICATION FEE (see current fee schedule)
	horization form using Visa, Mastercard or American Express. ce charge will be applied for any dishonoured payments.

Email: <u>businesspractices@consumerprotectionbc.ca</u>