**INTENT TO DISSOLVE**



Financial Institutions - Policy, Treasury Board and Finance

*This form must be submitted within 30 days of the passing of the special resolution, to Financial Institutions - Policy,* *FIPolicy@gov.ab.ca* *or 8th floor Federal Building, 9820 - 107 Street, EDMONTON, Alberta, T5K 1E7, (780) 644-5006.*

**Corporation Name**:

**Corporate Access Number**:

**Email Address**:       **Telephone Number**:

**STATEMENT OF INTENT TO DISSOLVE**

 The above corporation has by a special resolution dated , authorized:

 *Check as appropriate:*

 [ ]  voluntary dissolution

 [ ]  voluntary liquidation and dissolution

 Name of Liquidator appointed (if any):

The resolution authorizes the discharging of all obligations and the subsequent distribution of all property remaining after
the obligations have been discharged.

Attached are financial statements setting and outlining the nature and extent of all assets, liabilities, shareholder interests, customers and other creditor claims and any provision made for their payment, and the intended division or distribution of the corporation’s remaining property after the discharge of its obligations.

**CERTIFICATION**

We certify that the particulars set forth in this statement are true and correct.

 President: Date:

 Name and Signature

 Secretary: Date:

 Name and Signature

**REVOCATION OF THE INTENT TO DISSOLVE**

The above corporation has by a special resolution dated , authorized revocation of the intent to dissolve. Notice of revocation has been/will be published in The Alberta Gazette dated
and in , which is a newspaper distributed in the location where the corporation has its registered office.

**CERTIFICATION**

As officers of the above-mentioned corporation, we do certify that the particulars set forth in this statement are true and complete.

President: Date:

 Name and Signature

Secretary: Date:

 Name and Signature