



**Courier:** 307-3450 Uptown Blvd. Victoria, BC V8Z 0B9  
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**Email:** operations@consumerprotectionbc.ca  
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**CEMETERY, CREMATORIUM  
AND FUNERAL SERVICE**  
CHANGE OF BUSINESS  
INFORMATION

**AGENCY NAME:** \_\_\_\_\_

**DOING BUSINESS AS:** \_\_\_\_\_

**LICENCE NUMBER:** \_\_\_\_\_

**TYPE OF CHANGE**

**Effective Date of Change :** \_\_\_\_\_

**CHANGE OF LICENSED LOCATION ADDRESS - \$FEE REQUIRED, \$57**

Note: An inspection may be required prior to a change of licensed location

**CHANGE IN CORPORATE NAME - \$FEE REQUIRED, \$57**

**CHANGE / ADDITION / DELETION OF TRADE NAME - \$FEE REQUIRED, \$57**

Attach a certificate from the BC Registrar of Companies, dated within 90 days of this notice, certifying the change of Corporate Name and/or Trade Name(s)

**CHANGE OF OFF-SITE REFRIGERATION FOR THE STORAGE OF HUMAN REMAINS - No charge**

Attach a copy of the Refrigeration Contract Statutory Declaration signed by yourself and the provider

**CHANGE OF PHONE, FAX, MAILING ADDRESS OR EMAIL ADDRESS ONLY- No charge**

**CHANGE OF CORPORATE OFFICE ADDRESS ONLY - No charge**

**CHANGE OF PERSON IN CHARGE OF LOCATION - No charge**

**CHANGE IN FISCAL YEAR-END (New Year-End (M) \_\_\_\_\_ (D) \_\_\_\_\_) - No charge**

Attach approval of filing change with Canada Revenue Agency if no change of company control.

**DETAILS OF CHANGE**

Previous: \_\_\_\_\_ New: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signing Officer

Name: \_\_\_\_\_  
Please Print

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
In case of partnership only

Name: \_\_\_\_\_  
Please Print

Title: \_\_\_\_\_

**PROCESSING – Accepted credit cards: VISA, MASTERCARD or AMEX**

Please return the completed form and applicable attachments along with payment. Payment may be made by cheque payable to Consumer Protection BC or by credit card. If paying by credit card please complete and sign the authorization below. A service charge applies on dishonoured payments. Please see current fee schedule.

I authorize Consumer Protection BC to charge my credit card the necessary amount \$ \_\_\_\_\_ required to process my documents or to perform my required services.

**Credit Card Number**

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**Expiry Date:**

(M)			(Y)		
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**CVV Number**

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**Cardholder Signature:** \_\_\_\_\_