



# NOTICE OF REVOCATION OF WAIVER

Pursuant to the  
*Corporation Capital Tax Act*

**General Inquiries: 250 953-3082**  
**Toll-free Enquiry BC: 1 800 663-7867**  
**Fax No: 250 356-0434**

**INSTRUCTIONS:**

- For use by a corporation to revoke, pursuant to subsection 29(3) of the *Corporation Capital Tax Act*, a "Waiver of Assessment Period" (**FIN 468**) previously filed.
- A separate Notice of Revocation for each waiver to be revoked, together with a copy of the relevant waiver, must be filed with the Administrator.
- The Waiver in respect of which this Notice is filed will be revoked after the day that is six months after the date this Notice is filed. Where the Notice is sent by mail it is considered to have been filed on the day that the envelope containing the Notice is postmarked.

- A "Notice of Revocation of Waiver" **cannot be rescinded or cancelled** after it has been filed.
- This Notice of Revocation must be signed by an authorized signing officer of the corporation.
- **Please type or print clearly.**

**Freedom of Information and Protection of Privacy Act (FOIPPA)**  
The personal information on this form is collected for the purpose of administering the *Corporation Capital Tax Act* under the authority of both this Act and section 26 of the *FOIPPA*. Questions about the collection or use of this information can be directed to the Information and Privacy Analyst, FOI Section, PO Box 9432 Stn Prov Govt, Victoria, BC V8W 9N6. (Telephone: Victoria at 250 953-3671, Vancouver at 604 660-2421 or toll-free at 1 800 663-7867 and ask to be re-directed.) Email: [FOI.QRYS@gov.bc.ca](mailto:FOI.QRYS@gov.bc.ca)

NAME OF CORPORATION (If there has been a name change or amalgamation, also indicate the previous name in brackets)

ADDRESS

ACCOUNT NUMBER  -	REVOCATION OF WAIVER FOR THE TAXATION YEAR ENDED	YYYY / MM / DD
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I hereby revoke the attached waiver.

NAME OF AUTHORIZED SIGNING OFFICER	RANK OF OFFICER
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SIGNATURE OF AUTHORIZED SIGNING OFFICER  <b>X</b>	DATE SIGNED YYYY / MM / DD
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**FOR OFFICE USE ONLY**

DATE FILED WITH THE ADMINISTRATOR

YYYY	MM	DD

SIGNATURE OF ADMINISTRATOR  <b>X</b>	POSITION OR OFFICE	DATE SIGNED YYYY MM DD  
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