



General Enquiries:

Victoria: 250 387-0604
 Lower Mainland: 604 660 2421
 Toll-free: 1 800 663-7867 (and ask to be transferred to 250 387-0604)
 Fax: 250 953-3094
 Website: www.sbr.gov.bc.ca/ptb

Freedom of Information and Protection of Privacy Act (FOIPPA)
 The personal information on this form is collected for the purpose of administering the *Property Transfer 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

INSTRUCTIONS

Purchaser to Complete:

In the Purchaser's section:

- Purchaser(s) Name
- Tax Return Number
- Date of Property Purchase

In the Lender/Mortgage Holder's section:

- Date of Opening Mortgage Balance
- Date of Principal Mortgage Balance

To obtain this information, please call the Property Transfer Tax Office at the above numbers.

You may complete these fields on-line and send or fax the form to your lender.

Lender/Mortgage Holder to Complete:

The following fields must be completed:

- Client Name and Mailing Address
- Dollar amounts in A, B and C
- Certification section which includes Signature, Print Name, Contact Phone No. and Bank Stamp.

After completing the form, either mail or fax it back to our office. The fax number and mailing address are provided above.

Purchaser

| | | |
|-------------------|-------------------|---------------------------------------------|
| PURCHASER(S) NAME | TAX RETURN NUMBER | DATE OF PROPERTY PURCHASE YYYY / MM / DD |
|-------------------|-------------------|---------------------------------------------|

Lender/Mortgage Holder

Please complete the following information, sign the certification portion, and affix your bank stamp. If the financing is a registered line of credit, please attach a complete mortgage transaction history.

Client Name and Mailing Address
(Must be completed by the lender/mortgage holder)

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|----------|
| Opening Mortgage Balance on | YYYY / MM / DD | A | \$ _____ |
| Principal Mortgage Balance on | YYYY / MM / DD | B | \$ _____ |
| * Payments which were applied to the principal and then reversed or adjusted during the year (Important: Line C must be completed.) | | C | \$ _____ |

* It is required that you report any payment which was applied to the principal of the mortgage and then reversed or otherwise adjusted during the first year, on line C, as such payments will not necessarily be evident from the amount entered on line B.

Certification – I certify that the above information is complete and correct in all respects.

| | |
|---------------------------------------------------------------------------|------------|
| SIGNATURE OF LENDER/MORTGAGE HOLDER | BANK STAMP |
| <p>X</p> <p>PRINT NAME</p> <p>CONTACT PHONE NO.</p> <p>()</p> | |

The information you provide may be shared for the purposes of administering the *Home Owner Grant Act* and the *Land Tax Deferment Act*.