



**GENERAL INSTRUMENT**

**1. APPLICATION:**

Date:	Phone No.:
Name of Applicant:	<b>MUST BE SIGNED: Signature of Applicant, Applicant's Solicitor or Agent</b>
Email Address:	

**2. PARCEL IDENTIFIER**

PIN	Legal Description
Plan No.	Reserve Name & No.

**3. NATURE OF INTEREST**

Description (Type of Interest & Registration No.)	Document Reference (page & paragraph)
Person Entitled to Interest/Legal Interest-Holder	Other Interest-Holder (Name and Membership No. if applicable)

**4. TERMS:** Part 2 of this instrument consists of (select only one)

<input type="checkbox"/> Lease	<input type="checkbox"/> Agreement for Sale	<input type="checkbox"/> Licence
<input type="checkbox"/> Sublease	<input type="checkbox"/> Assignment for Sale	<input type="checkbox"/> Easement
<input type="checkbox"/> Assignment of Lease	<input type="checkbox"/> Discharge of Mortgage	<input type="checkbox"/> Release
<input type="checkbox"/> Assignment of Sublease	<input type="checkbox"/> Permit	<input type="checkbox"/> Life Estate: _____
<input type="checkbox"/> Other: _____		

**4. TRANSFEROR(S)**

Name	Membership No.
Name	Membership No.
Name	Membership No.
Name	Membership No.

**5. TRANSFEREE(S)**

Name	Membership No.	<input type="checkbox"/> As Joint Tenants <input type="checkbox"/> Tenants in Common – with a(n) _____ interest
Name	Membership No.	<input type="checkbox"/> As Joint Tenants <input type="checkbox"/> Tenants in Common – with a(n) _____ interest
Name	Membership No.	<input type="checkbox"/> As Joint Tenants <input type="checkbox"/> Tenants in Common – with a(n) _____ interest
Name	Membership No.	<input type="checkbox"/> As Joint Tenants <input type="checkbox"/> Tenants in Common – with a(n) _____ interest

**6. ADDITIONAL OR MODIFIED TERMS**

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**7. EXECUTIONS/ SIGNATURES**

The transferor(s) accept(s) the above consideration and understand(s) and agree(s) that this instrument operates to transfer the Allotment or Certificate of Possession for the land described in Item #2 to the transferee(s):

Witness as to the Transferors	EXECUTION DATE	Party(ies) Signature(s)
	YYYY MM DD	
_____	_____	_____
As to the signature of the Transferor(s)		Print Name
_____		_____
As to the signature of the Transferor(s) Officer's Signature(s)		Print Name

**OFFICER CERTIFICATION:**

Your signature constitutes a representation that you are a solicitor, notary public or other person authorized by the Evidence Act, R.S.B.C. 1996 c 124 to take affidavits for use in British Columbia and certifies that you have confirmed the identifies and witnessed the signatures of