

Ministry of Finance 33 King Street West PO Box 625 Oshawa ON L1H 8H9

## Affidavit Re Conveyance To Family Business Corporation - LT101 Land Transfer Tax Act

In the matter of the transfer\* of

(insert brief description of land)					
By:			,		
_ <b>j</b> .					
		(insert names of all	transferors)		
To:	(insert names of all transferees)				
I,					
	(print name)				
Of:	(print address)				
	his form "transfer" means a conveyance O. 1990, c. L.6, as amended.	e or a disposition as respectively	referred to in se	ctions 2 and 3 o	f the Land Transfer Tax Act,
Mak	e Oath And Say That:				
1.	I am the (insert title of office held in transferee corporation) of				
	(insert name of transferee corporation)				
	the transferee corporation for the above described transfer whose head office is located at (insert address of corporation's head office)				
	and I have personal knowledge of the facts hereinafter deposed to.				
2.	The above described transfer was effected by:				
	(a) a conveyance registered on(yyyy-mm-dd) as Instrument No(insert name of, for(insert name of), for(insert name of).				
	Region for which the Land Regist		•		(insert name of
	or		-		
	(b) a disposition as referred to in section 3 of the Act, which took place on (yyyy-mm-dd) and for which				
	a Return on the Acquisition of a Beneficial Interest in Land has been filed with the Ministry.				
3.	Since the date of transfer noted in paragraph 2 of this form, an active business, namely, (describe nature of business)				
	has been carried on on the land described in the transfer under the direction of the following persons (insert names of appropriate persons):				
4.	As of the date of this affidavit the shareholders of the transferee corporation are (insert names of all shareholders):				
5.	<ul> <li>To the best of my knowledge and belief paragraphs 4, 5 and 6 of subsection 3(1) of Regulation 697 of Revised Regulation</li> <li>Ontario, 1990, are applicable to the transferee corporation in respect of its taxation year ended (yyy)</li> </ul>				
	and the said corporation is entitled to	the exemption provided in section	on 3 of that Regu	lation.	
Dire	ect Deposit Request				
	pply for direct deposit for the refund or rel				-
Nan	ne(s) of Account Holders	Account type - Chequing (C) or Savings (S)	Branch No. (5 digits)	Institution No. (3 digits)	Account No. (max. 12 digits)
	By providing this banking information able with respect to the refund or rebate		l orized to deposit	in the bank acc	l ount shown any amount
	e direct deposit is to be made to an auth this form or have been previously provi		rizing or Cancelli	ng a Represent	ative form must be included
Sign	ature of taxpayer or authorized represe	entative		Date (yyyy/mn	n/dd)
Swo	rn before me				
in th		`			
of					
this	day of	20			
		J			Signature
Tho	A Commissioner, etc. personal information collected on this for	orm is being collected by the Min	istry of Finance	under the autho	-
me	personal information collected on this lo	orm is being collected by the MIN	nauy or Finance		nuy or une Lariu Trafister Tax

Act, R.S.O. 1990, c. L.6, as amended ("the Act"). The personal information may be used for purposes of the administration or enforcement of the Act, other tax statutes, and for purposes of compiling statistical information and of developing and evaluating economic, tax and fiscal policy. Any questions regarding the collection, use and disclosure of the personal information should be directed to: Manager, Land Taxes, Ministry of Finance, 33 King St. West, PO Box 625, Oshawa ON L1H 8H9, phone 1-866-668-8297, Teletypewriter (TTY) 1-800-263-7776.