



**Section F - Sale of Business**

Type of Sale:		
<input type="checkbox"/> Amalgamation	<input type="checkbox"/> Sale of all assets	
<input type="checkbox"/> Share Acquisition	<input type="checkbox"/> Partial sale of assets	<input type="checkbox"/> Other: _____
Date of Sale	What type of relationship exists between the purchaser and seller? <input type="checkbox"/> Business <input type="checkbox"/> Personal	Is there any common ownership between the purchaser and seller? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list what assets have been sold		
Solicitor's Name	Contact Person	Solicitor's Phone Number
Purchaser's Company Name		Purchaser Address
Purchaser's Contact Name	Purchaser Phone Number (     )	Purchaser Fax Number (     )
Will there be continuous ownership?	Will there be continuous contracts?	Will workers and equipment be continued?

**Section G – Applicant Authorization:**

By my signature, I certify that I have the authority to execute this request, and the facts set forth on this application are true and correct to the best of my knowledge and belief. I am aware that any person operating in a compulsory industry who does not secure or maintain Workers' Compensation coverage and comply with the Alberta Workers' Compensation Act, or knowingly provides false or misleading information to the Board may be subject to administrative penalties or guilty of an offence under that Act.

Name		Position
Home Phone Number (     )	Contact Number (     )	Fax Number (     )
Email Address	Signature	Date

**A WCB representative will contact you within three to five business days of receiving this application.**

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<b>WCB mailing address</b>	<b>In Calgary</b>	<b>Fax: (403) 517-6201</b>	<b>Toll Free Phone in Alberta</b> 1-866-922-9221
PO Box 2415		Phone: (403) 517-6000	<b>Outside of Alberta</b> 1-800-661-9608
Edmonton, AB	<b>In Edmonton</b>	<b>Fax: (780) 498-7999</b>	
T5J 2S5		Phone: (780) 498-3999	<b>Online:</b> <a href="http://www.wcb.ab.ca">www.wcb.ab.ca</a>

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The personal information collected on this form will be used for the purpose of closing your WCB-Alberta account. This collection of personal information is in compliance with section 105 of the *Workers' Compensation Act* and sections 33(a) and (c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of personal information, please contact us by phone or in writing.