



Telephone: 1 877 526-1526 www.bcregistryservices.gov.bc.ca

Mailing Address: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3

Courier: 200 - 940 Blanshard Street Victoria BC V8W 3E6

INSTRUCTIONS:

Please type or print clearly in block letters and ensure that the form is signed and dated in ink.

- Item B: Enter the name exactly as shown on the extraprovincial company's Certificate of Registration...
Item C: An attorney may be an individual or a BC company. If the attorney is a BC company, enter the full name of the BC company.
Item E: This is the signature of the authorized signing authority for the extraprovincial company.

Effective Date:

The revocation of the attorney will take effect at the beginning of the day (12:01 a.m. Pacific Time) following the date on which the notice is filed with the registrar.

Filing Fee: \$20.00

Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the registry with authorization to debit the fee from your BC OnLine Deposit Account.

Freedom of Information and Protection of Privacy Act (FOIPPA): Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Business Corporations Act for the purposes of assessment.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

★ PLEASE ENTER THE COMPANY EMAIL ADDRESS FOR CORRESPONDENCE

A REGISTRATION NUMBER OF EXTRAPROVINCIAL COMPANY

B NAME OF EXTRAPROVINCIAL COMPANY

C FULL NAME OF ATTORNEY WHOSE APPOINTMENT IS BEING REVOKED

LAST NAME

FIRST NAME

MIDDLE NAME

COMPANY NAME

D MAILING ADDRESS OF ATTORNEY

PROVINCE

POSTAL CODE

BC

E CERTIFIED CORRECT - I have read this form and found it to be correct.

NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE EXTRAPROVINCIAL COMPANY

SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE EXTRAPROVINCIAL COMPANY

DATE SIGNED

YYYY / MM / DD

X