



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

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

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

INSTRUCTIONS:

Please type or print clearly and ensure that the form is signed and dated in ink. Complete all areas of the form. Attach an additional sheet if more space is required.

- Item A: Enter the registration number of the extraprovincial cooperative association.
Item B: Enter the extraprovincial cooperative association's name exactly as shown on the Certificate of Registration, Amalgamation, Continuation or Change of Name.
Item D: Enter the complete physical address of the attorney. You may include general delivery, post office box, rural route, site or comp. number as part of the address, but the Corporate Registry cannot accept this information as a complete address. You must also include a postal code. If an area does not have street names or numbers, provide a description that would readily allow a person to locate the attorney.
Provide the Corporate Registry with a duplicate copy of this form. Section 181.4(3) of the Cooperative Association Act requires the Corporate Registry to send a copy of this form to the address of the previous attorney.

Filing Fee \$20.00. Submit this form with a cheque or money order payable to the Minister of Finance, or provide the Corporate Registry authorization to debit the fee from a BC OnLine Deposit Account. Please pay in Canadian dollars or in the equivalent amount of U.S. funds.

A REGISTRATION NUMBER OF EXTRAPROVINCIAL COOPERATIVE ASSOCIATION

XCP

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

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 Cooperative Association Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Executive Coordinator of the BC Registry Services at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

B FULL NAME OF EXTRAPROVINCIAL COOPERATIVE ASSOCIATION

C FULL NAME AND ADDRESS OF ATTORNEY CEASING

LAST NAME FIRST NAME INITIALS - if any

PHYSICAL ADDRESS

Table with 2 columns: PROVINCE (BC), POSTAL CODE

OR, If ceasing attorney is a corporation, name and registered office addresses in British Columbia

CORPORATION NAME

DELIVERY ADDRESS OF THE COMPANY'S REGISTERED OFFICE

Table with 2 columns: PROVINCE (BC), POSTAL CODE

MAILING ADDRESS OF THE COMPANY'S REGISTERED OFFICE

Table with 2 columns: PROVINCE (BC), POSTAL CODE

**D FULL NAME AND ADDRESS OF ATTORNEY APPOINTED**

LAST NAME

FIRST NAME

INITIALS - if any

PHYSICAL ADDRESS

PROVINCE

BC

POSTAL CODE

**OR, If attorney appointed is a corporation, new registered office addresses in British Columbia**

CORPORATION NAME

DELIVERY ADDRESS OF THE COMPANY'S REGISTERED OFFICE

PROVINCE

BC

POSTAL CODE

MAILING ADDRESS OF THE COMPANY'S REGISTERED OFFICE

PROVINCE

BC

POSTAL CODE

**E CONSENT OF ATTORNEY**

I hereby give consent to act as the attorney of the above extraprovincial cooperative association.

SIGNATURE OF ATTORNEY OR AUTHORIZED SIGNING AUTHORITY  
IF ATTORNEY IS A CORPORATION

DATE SIGNED

YYYY / MM / DD

**X****F WITNESS**

FULL NAME OF WITNESS

ADDRESS OF WITNESS

PROVINCE

BC

POSTAL CODE

SIGNATURE OF WITNESS

DATE SIGNED

YYYY / MM / DD

**X****G CERTIFIED CORRECT - I have read this form and found it to be correct.**NAME OF CURRENT DIRECTOR, OFFICER OR LAWYER  
OF THE ASSOCIATION (Please print)SIGNATURE OF CURRENT DIRECTOR, OFFICER  
OR LAWYER OF THE ASSOCIATION

DATE SIGNED

YYYY / MM / DD

**X**