



New West Partnership Trade Agreement

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. 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.

A NAME OF COMPANY

B NUANS INFORMATION
NUANS NUMBER IN ALBERTA (IF APPLICABLE)
NUANS REPORT DATE (YYYY/MM/DD)
ASSUMED NAME OF CORPORATION (IF APPLICABLE)
NUANS NUMBER FOR ASSUMED NAME IN ALBERTA
NUANS REPORT DATE (YYYY/MM/DD)

C HEAD OFFICE INFORMATION - THE HEAD OFFICE ADDRESS MUST BE EITHER A PHYSICAL ADDRESS OR A MAILING ADDRESS IN ALBERTA OR OUTSIDE OF ALBERTA
ADDRESS OF BRITISH COLUMBIA COMPANY'S HEAD OFFICE
ADDRESS CITY PROVINCE POSTAL CODE

D ATTORNEY INFORMATION IN ALBERTA
PRIMARY ATTORNEY - THE ATTORNEY MUST BE AN INDIVIDUAL
The address of the attorney must be a physical address in Alberta where the attorney can be located. If the physical address is not also the mailing address, please include the attorney's mailing address.
LAST NAME FIRST NAME MIDDLE NAME
FIRM NAME (IF APPLICABLE)
ADDRESS CITY PROVINCE POSTAL CODE
AB

ALTERNATE ATTORNEY (OPTIONAL) - THE ATTORNEY MUST BE AN INDIVIDUAL
The address of the attorney must be a physical address in Alberta where the attorney can be located. If the physical address is not also the mailing address, please include the attorney's mailing address.
LAST NAME FIRST NAME MIDDLE NAME
FIRM NAME (IF APPLICABLE)
ADDRESS CITY PROVINCE POSTAL CODE
AB

E CONSENT STATEMENT
Provided that _____ consents, the registrar in British Columbia is authorized, under regulations made under the British Columbia Business Corporations Act, to disclose and transmit to the registrar in Alberta the information that you have provided in the attached filing and any information that you will provide in future filings. Disclosure and transmission of the information in the attached filing to the registrar in Alberta will result in the registration of _____ as an extraprovincial corporation in Alberta.
Does _____ consent to the disclosure and transmission of this information in the attached filing to the Alberta registrar, and the consequent extraprovincial registration in Alberta?
YES NO

F LIST OF INFORMATION

The following is a list of information in this form and in the attached filing that will be provided to the registrar in Alberta:

- name of company;
- NUANS information;
- incorporation (or equivalent) date;
- head office information; and
- attorney information.

NOTE: Confirmation of the registration of this company as an extraprovincial corporation in Alberta will be issued by the Alberta registrar.

G SIGNATURE

NAME OF AUTHORIZED SIGNING AUTHORITY

SIGNATURE OF AUTHORIZED SIGNING AUTHORITY

DATE SIGNED (YYYY/MM/DD)