



New West Partnership Trade Agreement

Notice of Attorney
Form 3(N)
Extrajurisdictional
Limited Partnership
Partnership Act

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

Please refer to the instructions when completing this notice of Attorney.

Section A: Submitting Party Information (Required)

Name of Submitting Party: *Last Name, First Name*

Email Address

Mailing Address: *Box/Street Number, City/Town, Province/State, Country and Postal/Zip Code*

Telephone Number including Area Code

Section B: Limited Partnership Information (Required)

Name of Limited Partnership

Home Jurisdiction

Alberta

Saskatchewan

Registration Number in British Columbia

Registration Number in Home Jurisdiction

Complete sections below to change the attorney information. The attorney may be a resident of British Columbia or a company incorporated in British Columbia. Both the mailing and delivery address must be provided.

Section C: Name and Address of Ceasing Attorney (When changing Attorneys enter the name of the Attorney being removed)

Attorney Name: *(Last Name, First Name) OR Company Name*

Attorney Delivery/Mailing Address: *Box/Street Number, City/Town, Province, and Postal Code (must be in B.C., can be a post office box)*

(The Mailing Address must be a location inside B.C., and can be a post office box. If the Attorney is a corporation, the mailing address of the registered office is required.)

Section D: Name and Address of New Attorney (When changing Attorneys enter the name of the new Attorney)

Attorney Name: *(Last Name, First Name) OR Company Name*

Attorney Mailing Address: *Box/Street Number, City/Town, Province, and Postal Code (must be in B.C., can be a post office box)*

(The Mailing Address must be a location inside B.C., and can be a post office box. If the Attorney is a corporation, the mailing address of the registered office is required.) (Not required if Attorney is an individual.)

Attorney Delivery Address: **Box/Street Number, City/Town, Province, and Postal Code (must be in B.C., must be a physical address)**

(The Delivery Address must be a physical location inside B.C. If the Attorney is a corporation, the delivery address of the registered office is required.)



**BC Registry
Services**

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Section E: Change Address of Attorney *(Complete to change the address of an Attorney on file)*

Attorney Name: *(Last Name, First Name)* OR **Company Name**

Attorney Mailing Address: *Box/Street Number, City/Town, Province, and Postal Code (must be in B.C., can be a post office box)*

(The Mailing Address must be a location inside B.C., and can be a post office box. If the Attorney is a corporation, the mailing address of the registered office is required.) (Not required if Attorney is an individual.)

Attorney Delivery Address: **Box/Street Number, City/Town, Province, and Postal Code** *(must be in B.C., must be a physical address)*

(The Delivery Address must be a physical location inside B.C. If the Attorney is a corporation, the delivery address of the registered office is required.)

Section F: Certified Correct – I have read this form and found it to be correct

Name of Authorized Signing Authority *(Please print)*

X

Signature

Relationship to the Extrajurisdictional Limited Partnership *(Please print)*

Date Signed *(YYYY/MM/DD)*

Note: *Confirmation of Notice of Attorney will be mailed to the Submitting Party and the Attorney for Service by BC Registry Services.*



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INSTRUCTION SHEET

Section A: Submitting Party Information	
Name of Submitting Party	Enter the name of the person submitting the Notice of Attorney.
Mailing Address	Enter a mailing address, format should be - <i>Box/Street Number, City/Town, Province/State, Country and Postal/Zip Code.</i>
Email Address	Enter an email address - <i>optional</i>
Telephone Number including Area Code	Enter a telephone number including the area code - <i>optional</i>
Section B: Limited Partnership Information	
Name of Limited Partnership	The name of the limited partnership must be identical to the name of the Limited Partnership as registered in the home jurisdiction (i.e., home province).
	Ensure the limited partnership is active in the home jurisdiction (i.e., home province).
Home Jurisdiction	Indicate the home jurisdiction (i.e., home province), <i>only one can be selected.</i>
Registration Number in British Columbia	Enter the Registration Number in British Columbia, the format must be: <i>number starts with 'XP' followed by seven numeric digits</i>
Registration Number in Home Jurisdiction	Enter the Registration Number assigned by the Home jurisdiction (i.e., home province).
Section C: Name and Address of Attorney Ceasing	
Attorney Name	Attorney name may be an individual or a company.
	When the Attorney for service is an individual, the name provided is in the format: <i>Last Name, First Name.</i>
Attorney Mailing Address	Enter the Attorney for service delivery address. The location must be a physical address in BC and accessible to the public from 9:00 am to 4:00 pm on business days. The format must be: <i>Box/Street Number, City/Town, Province, and Postal Code.</i> If the Attorney is a corporation, enter the mailing address. It must be in British Columbia and may be a post office box. The format must be: <i>Box/Street Number, City/Town, Province, and Postal Code.</i>
Section D: Change Name and Address of New Attorney	
Attorney Name	Enter the new name of the Attorney for service. The attorney for service may be an individual or a company.
	When the Attorney for service is an individual, the name provided is in the format: <i>Last Name, First Name.</i>
Attorney Mailing Address	Enter the Attorney for service mailing address. It must be in British Columbia and may be a post office box. The format must be: <i>Box/Street Number, City/Town, Province, and Postal Code. Not required if Attorney is an individual.</i>
Attorney Delivery Address	Enter the Attorney for service delivery address. The location must be a physical address in B.C. and accessible to the public from 9:00 a.m. to 4:00 p.m. on business days. The format must be: <i>Box/Street Number, City/Town, Province, and Postal Code.</i>



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Section E: Change Address of Attorney	
Attorney Name	Enter the name of the Attorney for service. The attorney for service may be an individual or a company.
	When the Attorney for service is an individual, the name provided is in the format: Last Name, First Name.
Attorney Mailing Address	Enter the Attorney for service mailing address. It must be in British Columbia and may be a post office box. The format must be: <i>Box/Street Number, City/Town, Province, and Postal Code. Not required if Attorney is an individual.</i>
Attorney Delivery Address	Enter the Attorney for service delivery address. The location must be a physical address in B.C. and accessible to the public from 9:00 a.m. to 4:00 p.m. on business days. The format must be: <i>Box/Street Number, City/Town, Province, and Postal Code.</i>
Section F: Certified Correct	
Name of Authorized Signing Authority (Authorized Representative)	Enter the name of the Authorizing Signing Authority, format must be: <i>Last Name, First Name.</i>
Date Signed	Enter the date the Registration Statement is signed. The date format should be: <i>YYYY/MM/DD.</i>
Signature	Ensure the registration statement for an extrajurisdictional Limited Partnership registered in British Columbia under NWPTA is signed by the authorized representative.
Relationship to Partnership	Enter the relationship of the above signatory to the Partnership.

- Additional sheet may be attached if there is more than one attorney for service in the Partnership.
- The completed registration statement is sent to the home jurisdiction.