



New West Partnership Trade Agreement

Registration Statement

Form 13(N)
Extrajurisdictional

Cooperative Association
Cooperative Association 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 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 BC Registry Service at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

Please refer to the attached Instructions Sheet when completing all sections of this Registration Statement.

Section A: Submitting Party Information

Name of Submitting Party: Last Name, First Name OR Company Name

Email Address

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

Telephone Number including Area Code

Section B: Cooperative Association Information

Name in full of the Extrajurisdictional Association

NR

British Columbia Name Request Number

Home Jurisdiction

Alberta Saskatchewan

Registration Number in Home Jurisdiction

Incorporation or Amalgamation Date YYYY/MM/DD

If this is an amalgamation of an Association that includes an Association currently extrajurisdictionally registered in British Columbia, please provide details:

Name in full of the previous extrajurisdictional Association registered in British Columbia

XCP

Registration Number in British Columbia

Describe the business that the Association will carry on in British Columbia – State briefly, do not describe all objects of the corporation)

Section C: Cooperative Association Head Office Address – Select **one** of the following:

Head Office Address **Outside** of British Columbia

Address of the Head Office outside of British Columbia: Box/Street Number, City/Town, Province, and Postal Code

(The Head Office Address must be a physical location.)

Head Office **Inside** of British Columbia

Address of the Head Office inside of British Columbia: Box/Street Number, City/Town, Province, and Postal Code

(The Head Office Address must be a physical location.)



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Extrajurisdictional

Cooperative Association

Cooperative Association Act

Section D: British Columbia Attorney for Service – *Supply the full name and location of the British Columbia resident(s) or company(s) appointed by the Corporation as its Attorney(s) for Service*

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

Attorney Mailing Address: *Box/Street Number, City/Town, Province, and Postal Code* *Not required if Attorney is an individual.*
 (The Mailing Address must be a location inside of B.C. It can be a post office box. If Attorney is a corporation, mailing address of the registered office is required.)

Attorney Delivery Address: *Box/Street Number, City/Town, Province, and Postal Code*
 (The Delivery Address must be a physical location inside of B.C. If Attorney is a corporation, delivery address of the registered office is required.)

Additional Attorney – If appointed

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

Attorney Mailing Address: *Box/Street Number, City/Town, Province, and Postal Code* *Not required if Attorney is an individual.*
 (The Mailing Address must be a location inside of B.C. It can be a post office box. If Attorney is a corporation, mailing address of the registered office is required.)

Attorney Delivery Address: *Box/Street Number, City/Town, Province, and Postal Code*
 (The Delivery Address must be a physical location inside of B.C. If Attorney is a corporation, delivery address of the registered office is required.)

Section E: Directors of the Cooperative Association – *Supply the full names and addresses of all Directors of the Extrajurisdictional Association (Attach an additional sheet if more space is required)*

Director Name: *(Last Name, First Name, Middle Name)*

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

Director Name: *(Last Name, First Name, Middle Name)*

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

Director Name: *(Last Name, First Name, Middle Name)*

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

Director Name: *(Last Name, First Name, Middle Name)*

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



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Section F: Consent – I hereby consent to act as Attorney of the above mentioned Extrajurisdictional Corporation

Name of Attorney

X

Signature

City

Date Signed (YYYY/MM/DD)

Witness' Information

Name of Witness (To Attorney's signature)

X

Signature

City

Date Signed (YYYY/MM/DD)

Additional Attorney – If appointed

Name of Attorney

X

Signature

City

Date Signed (YYYY/MM/DD)

Witness' Information

Name of Witness (To Attorney's signature)

X

Signature

City

Date Signed (YYYY/MM/DD)

Section G: Charter documents (Required)

Verified copies of the Certificate of Incorporation, and incorporation documents are included

Section H: 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 Association (*Please print*)

Date Signed (YYYY/MM/DD)

Note: Confirmation of the registration will be mailed to the Submitting Party by BC Registry Services.

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Form 13(N)

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Cooperative Association

Cooperative Association Act

INSTRUCTIONS SHEET

Section A: Submitting Party Information	
Name of Submitting Party	Enter the name of the person submitting the registration statement.
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: Cooperative Association Information	
Name of Cooperative Association	The name of the cooperative Association must be identical to the name of the Cooperative Association as registered in the home jurisdiction (i.e., home province).
	The name of the cooperative Association provided must match the name approved on the British Columbia Name Reservation.
	Ensure the cooperative Association is active in the home jurisdiction (i.e., home province).
British Columbia Name Request Number	The British Columbia Name Request Number is supplied and is in the format: 'NR' followed by 7 numeric digits. The Name Reservation Number must be active.
Home Jurisdiction	Indicate the home jurisdiction (i.e., home province), <i>only one can be selected.</i>
Date of Incorporation or Amalgamation	Provide the date the Association was incorporated or amalgamated in the home jurisdiction (i.e., home province).
Registration Number in Home Jurisdiction	Enter the Registration Number assigned in the home jurisdiction (i.e., home province).
If this is an amalgamation of an Association already registered in British Columbia, please provide details	Enter the name of the extraprovincial Cooperative Association currently registered in British Columbia that is one of the companies involved in the amalgamation.
	Enter the Registration Number of the Cooperative Association associated - <i>format is a 7 digit number prefixed by the letters 'XCP'</i>
Describe the business that the corporation will carry on in British Columbia	Provide a brief overview of the nature of business the Association will carry on in British Columbia.
Section C: Cooperative Association Head Office Address	
Head Office Address <i>Outside</i> of British Columbia	If the head office is outside of British Columbia, check this box and enter the Head Office Address. It must be an address in either Alberta or Saskatchewan, and in the format: <i>Box/Street Number and Street Name, City/Town, Province and Postal Code.</i>
Head Office Address <i>Inside</i> of British Columbia	If the head office is inside of British Columbia, check this box and enter the Head Office Address. The format must be: <i>Box/Street Number and Street Name, City/Town, Province, and Postal Code.</i>



New West Partnership Trade Agreement

Registration Statement

Form 13(N)

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Cooperative Association

Cooperative Association Act

Section D: British Columbia Attorney for Service (Form provides for up to two Attorneys)	
Attorney Name	Enter the name of the Attorney for service. The attorney for service may be an individual or a corporation. If the Attorney for service is an individual, the name provided is in the format: Last Name, First Name, and Middle 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, Country 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 E: Directors of the Cooperative Association (Form provides for up to five Directors)	
Director Name	Enter the name of a Director of the Extrajvincial Corporation.
Director Address	Enter a mailing address for this Director. The format should be - <i>Box/Street Number, City/Town, Province/State, Country and Postal/Zip Code.</i>
Section F: Consent (Form provides for up to two Attorneys and Witnesses)	
Name of Attorney	Enter the name of an Attorney in Section D who is consenting to represent the Extrajvincial Association.
Signature	Ensure the signature of the consenting Attorney is provided.
City	Enter the city where the consenting Attorney signed this form.
Date Signed	Enter the date the consenting Attorney signed this form. The date format should be YYYY/MM/DD.
Name of Witness (To Attorney's signature)	Enter the name of the person who witnessed the signing of this form by the above consenting Attorney.
Signature	Ensure the signature of the consenting witness is provided.
City	Enter the city where the person witnessed the signing of this form by the above consenting Attorney.
Date Signed	Enter the date the person witnessed the signing of this form by the above consenting Attorney. The date format should be YYYY/MM/DD.
Section G: Charter documents	
Verified copies of the Certificate of Incorporation, and incorporation documents are included	Check this box to indicate the verified copies of these documents accompany this Registration Statement form.



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Section H: Certified Correct	
Name of Authorized Signing Authority	The name of the Authorizing Signing Authority is entered in the format: <i>Last Name, First Name</i> .
Date Signed	Enter the date the Registration Statement was signed by the authorized representative. Date format should be <i>YYYY/MM/DD</i> .
Signature	Ensure the signature of the Authorizing Signing Authority is provided.
Relationship to Association	Enter the relationship of the Authorizing Signing Authority to the Association.

- An additional sheet may be attached if there are more than two (2) Attorneys for service, or if more than five (5) Directors.
- The completed registration statement is to be sent to the home province.