



New West Partnership Trade Agreement

Change Attorney Information

Form 16(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 this Change of Attorney Address form.

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: Cooperative Association Information (Required)

Name in full of the Extrajurisdictional Association

Home Jurisdiction

Alberta

Saskatchewan

XCP

Registration Number in British Columbia

Registration Number in Home Jurisdiction

Section C: 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

(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

(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 D: Certified Correct – I have read this form and found it to be correct. (Required)

Name of Authorized Signing Authority (Please print)

X

Signature

Relationship to Cooperative Association (Please print)

Date Signed (YYYY/MM/DD)



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INFORMATION SHEET

Section A: Submitting Party Information	
Name of Submitting Party	Enter the name of the person submitting the Change of Attorney Information form.
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 and in British Columbia. Ensure the Cooperative Association is active in the home jurisdiction.
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 'XCP' followed by seven numeric digits</i>
Registration Number in Home Jurisdiction	Enter the Home Jurisdiction (i.e., home province) Registration Number.
Section C: Change Address of Attorney	
Attorney Name OR Attorney Company Name	Enter the name of the Attorney for service. The attorney for service may be an individual or a corporation. When the Attorney for service is an individual, the name provided is in the format: Last Name, First Name.
Attorney Mailing Address	Enter the new mailing address of the Attorney for service currently on file. 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>
Attorney Delivery Address	Enter the new delivery address of the Attorney for service currently on file. 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 D: Certified Correct	
Name of Authorized Signing Authority	The Name of the Authorizing Signing Authority is entered in the format: Last Name, First Name.
Date Signed	Enter the date the Change Attorney Information form was signed by the authorized representative. Date format should be YYYY/MM/DD.
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.