



New West Partnership Trade Agreement

## Notice of Change of Directors

Form 18(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 Notice of Change of Directors.

### 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 of the Extrajurisdictional Association

Home Jurisdiction

Alberta

Saskatchewan

XCP

Registration Number of the Association

Registration Number in Home Jurisdiction

Date of Change of Directors (YYYY/MM/DD)

### Section C: Full Names of New Directors Appointed or Elected

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



**BC Registry  
Services**

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### Section D: Full Names of Persons Who Have Ceased to be Directors

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

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

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

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

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

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

### Section E: 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 Extrajvincial Association *(Please print)*

Date Signed *(YYYY/MM/DD)*



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## INSTRUCTIONS SHEET

Section A: Submitting Party Information	
<b>Name of Submitting Party</b>	Enter the name of the person submitting the Notice of Change of Directors form.
<b>Mailing Address</b>	Enter a mailing address, format should be - <i>Box/Street Number, City/Town, Province/State, Country and Postal/Zip Code.</i>
<b>Email Address</b>	Enter an email address - <i>optional</i>
<b>Telephone Number including Area Code</b>	Enter a telephone number including the area code - <i>optional</i>
Section B: Cooperative Association Information	
<b>Name of Cooperative Association</b>	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).
	Ensure the Cooperative Association is active in the home jurisdiction (i.e., home province).
<b>Home Jurisdiction</b>	Indicate the home jurisdiction (i.e., home province), <i>only one can be selected.</i>
<b>Registration Number in British Columbia</b>	Enter the Registration Number in British Columbia – <i>seven numeric digits after the XCP.</i>
<b>Registration Number in Home Jurisdiction</b>	Enter the Registration Number assigned in the home jurisdiction (i.e., home province).
<b>Date of Change of Directors</b>	Enter the date the change of Directors was made – <i>date format should be YYYY/MM/DD.</i>
Section C: Full Names of New Directors Appointed or Elected <i>(Form provides for up to four new Directors)</i>	
<b>Director Name</b>	Enter the name of a director of the extrajurisdictional Cooperative Association.
<b>Director Address</b>	Enter a residential address for this director. The format should be - <i>Box/Street Number, City/Town, Province/State, Country and Postal/Zip Code.</i>
Section D: Full Names of Persons Who Have Ceased to be Directors <i>(Form provides for up to six ceasing Directors)</i>	
<b>Director Name</b>	Enter the Name of a Director of the extrajurisdictional Cooperative Association.
Section E: Certified Correct	
<b>Name of Authorized Signing Authority</b>	The Name of the Authorizing Signing Authority is entered in the format: Last Name, First Name.
<b>Date Signed</b>	Enter the date the Notice of Change of Directors form was signed by the authorized representative. Date format should be YYYY/MM/DD.
<b>Signature</b>	Ensure the signature of the Authorizing Signing Authority is provided.
<b>Relationship to Association</b>	Enter the relationship of the Authorizing Signing Authority to the Association.