

New West Partnership Trade Agreement

Extraprovincial Company

ATTORNEY APPOINTMENT **REVOCATION**

BUSINESS CORPORATION ACT, section 393

Telephone: 1877526-1526 PO Box 9431 Stn Prov Govt 200 - 940 Blanshard Street Mailing Address: Courier Address: Email: bcregistries@gov.bc.ca Victoria BC V8W 9V3 Victoria BC V8W 3E6 **INSTRUCTIONS:** Freedom of Information and Protection of Privacy Act (FOIPPA): Please type or print clearly in block letters and ensure that the form Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Business is signed and dated in ink. Corporations Act for the purposes of assessment. Questions Enter the name exactly as shown on the extraprovincial company's Certificate of regarding the collection, use Registration, or enter the name exactly as shown on any Change of Name certificate or and disclosure of personal information can be directed to certificate of registration issued by the registrar as a result of an amalgamation of the the Executive Coordinator of the BC Registry Services at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3. extraprovincial company. An attorney may be an individual or a BC company. If the attorney Item C is a BC company, enter the full name of the BC company. This is the signature of the authorized signing authority Item E for the extraprovincial company. If the authorized signing authority is an attorney for the extraprovincial company and that attorney is OFFICE USE ONLY - DO NOT WRITE IN THIS AREA a BC company, this form must be signed by an authorized signing authority for that company. **Effective Date:** The revocation of the attorney will take effect at the beginning of the day (12:01 a.m. Pacific Time) following the date on which the notice is filed with the registrar. **★ PLEASE ENTER THE COMPANY EMAIL ADDRESS FOR CORRESPONDENCE** A REGISTRATION NUMBER OF EXTRAPROVINCIAL COMPANY NAME OF EXTRAPROVINCIAL COMPANY **FULL NAME OF ATTORNEY WHOSE APPOINTMENT IS BEING REVOKED** MIDDLE NAME LAST NAME FIRST NAME COMPANY NAME **D** MAILING ADDRESS OF ATTORNEY PROVINCE POSTAL CODE

E CERTIFIED CORRECT – I have read this form and found it to be correct.

NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE EXTRAPROVINCIAL COMPANY

SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE EXTRAPROVINCIAL COMPANY

DATE SIGNED

BC

YYYY / MM / DD

X