

Extraprovincial Non-share Corporation

CHANGE OF ATTORNEY

SOCIETIES ACT, section 178

WORKING PAPERS • THIS IS AN ONLINE-ONLY PROCESS • DO NOT MAIL OR FAX

These pages will help you prepare to file a Change of Attorney through Societies Online. When you are ready, complete the change by visiting Societies Online (www.bcregistry.ca/societies). **The filing fee for the change is \$15**.

QUESTIONS? Review our website (www.gov.bc.ca/societies), call us at 1 877 526-1526, or send us an email at BCRegistries@gov.bc.ca.

Α	PRIMARY EMAIL ADDRESS		ALTERNATE E	MAIL ADDRESS						
В	REGISTRATION OR BUSINESS NUMBER OF EXTRAPROVINCIAL NON-SHARE CORPORATION									
С	NAME OF EXTRAPROVINCIAL NON-SHARE CORPORATION									
D	FULL NAME OF ATTORNEY APPOINTED - An Extraprov. COMPANY OR SOCIETY NAME OR INDIVIDUAL	oration whose he	se head office is outside of BC must have an attorney.							
	FIRST NAME MIDDLE NAME LAST NAME									
	DELIVERY ADDRESS - (PO Box number alone is not acceptable. Postal Code required.)				1	rov.	POSTAL CODE			
	MAILING ADDRESS - (If different from delivery address.)				1	rov.	POSTAL CODE			
E	FULL NAME WHOSE APPOINTMENT IS BEING REVOKED COMPANY OR SOCIETY NAME OR INDIVIDUAL									
	FIRST NAME	MIDDLE NAME	L <i>A</i>	ST NAME						
	DELIVERY ADDRESS - (PO Box number alone is not acceptable. Po	СПУ		1	rov.	POSTAL CODE				
	MAILING ADDRESS - (If different from delivery address.)		CITY	1	rov.	POSTAL CODE				
F	CHANGE OF ADDRESS OF ATTORNEY COMPANY OR SOCIETY NAME OR INDIVIDUAL									
	FIRST NAME	MIDDLE NAME	L.A	ST NAME						
	DELIVERY ADDRESS - (PO Box number alone is not acceptable. Postal Code required.)				1	rov.	POSTAL CODE			
	MAILING ADDRESS- (If different from delivery address.)	nddress.)			1	rov.	POSTAL CODE			

G	CERTIFICATION NOTE: It is an offence to make a false or misleading statement in respect of a material fact in a record submitted to the Corporate Registry for filing. See section 223 of the Societies Act. I certify that I have relevant knowledge of the society, and that I am authorized to make this filing.								
	NAME		X SIGNATURE	DATE SIGNED (YYYY MM DD)					
H	DELIVERY METHOD - Choose one delivery method for receipt of the society's certified documents.								
	Society Email	Other Email Address							
	Pickup (Victoria only)	Contact Person	Telephone	2					
	By Mail to Registered Of	fice Mailing Address							

PROV/STATE

COUNTRY

POSTAL CODE/ZIP CODE

CITY

By Mail to another address. Please specify.

MAILING ADDRESS

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