



Telephone: 1 877 526-1526 www.bcregistryservices.gov.bc.ca

Mailing Address: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3

Courier: 200 - 940 Blanshard Street Victoria BC V8W 3E6

INSTRUCTIONS:

Please type or print clearly in block letters and ensure that the form is signed and dated in ink.

Item B Enter the name exactly as shown on the extraprovincial company's Certificate of Registration, or enter the name exactly as shown on any Change of Name certificate or certificate of registration issued by the registrar as a result of an amalgamation of the extraprovincial company.

Item C An attorney may be an individual or a BC company. If the attorney is a BC company, enter the full name of the BC company.

Item F If the attorney is a BC company, this form must be signed by an authorized signing authority for that company.

Filing Fee: \$20.00

Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the registry with authorization to debit the fee from your BC OnLine Deposit Account. Please pay in Canadian dollars or in the equivalent amount of US funds.

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 Business Corporations Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Executive Coordinator of the BC Registry Services at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

A REGISTRATION NUMBER OF EXTRAPROVINCIAL COMPANY

B NAME OF EXTRAPROVINCIAL COMPANY

C FULL NAME OF ATTORNEY WHO INTENDS TO RESIGN

LAST NAME

FIRST NAME

MIDDLE NAME

COMPANY NAME

D MAILING ADDRESS OF ATTORNEY

PROVINCE

POSTAL CODE

BC

E EFFECTIVE DATE OF REGISTRATION

The resignation will take effect on the later of the following dates:

The resignation is to take effect at the beginning of the date that is 2 months and one day after the date on which this notice is filed by the registrar.

OR

YYYY / MM / DD

The resignation is to take effect at the beginning of

[] .

F CERTIFIED CORRECT - I have read this form and found it to be correct.

I also confirm that I have provided my resignation to the extraprovincial company at its head office

YYYY / MM / DD

on [] which date is at least two months before the resignation is to take effect.

NAME OF ATTORNEY FOR THE EXTRAPROVINCIAL COMPANY

SIGNATURE OF ATTORNEY FOR THE EXTRAPROVINCIAL COMPANY

DATE SIGNED

YYYY / MM / DD

X