

Telephone: 1 877 526-1526  
Email: bcregistries@gov.bc.ca

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

Courier Address: 200 – 940 Blanshard Street  
Victoria BC V8W 3E6

**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 Partnership 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 instructions when completing this Notice of Attorney.

**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: Limited Liability Partnership Information (Required)**

Name of Limited Liability Partnership

Home Jurisdiction: Manitoba

Registration Number in British Columbia

Registration Number in Home Jurisdiction

Complete sections below to change the attorney information. The attorney may be a resident of British Columbia or a company incorporated in British Columbia. Both the mailing and delivery address must be provided.

**Section C: Name and Address of Ceasing Attorney (When changing Attorneys enter the name of the Attorney being removed)**

Attorney Name: (Last Name, First Name) OR Company Name

Attorney Delivery/Mailing Address: Box/Street Number, City/Town, Province, and Postal Code (must be in B.C., can be a post office box)

(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.)

**Section D: Name and Address of New Attorney (When changing Attorneys enter the name of the new Attorney)**

Attorney Name: (Last Name, First Name) OR Company Name

Attorney Mailing Address: Box/Street Number, City/Town, Province, and Postal Code (must be in B.C., can be a post office box)

(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 (must be in B.C., must be a physical address)

(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.)



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Section E: 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 (must be in B.C., can be a post office box)
(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 (must be in B.C., must be a physical address)
(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 F: 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 Extrajurisdictional Limited Liability Partnership (Please print) Date Signed (YYYY/MM/DD)

Note: Confirmation of Notice of Attorney will be mailed to the Submitting Party and the Attorney for Service by the BC Registry Services.

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**INSTRUCTION SHEET**

<b>Section A: Submitting Party Information</b>	
<b>Name of Submitting Party</b>	Enter the name of the person submitting this Notice of Attorney.
<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>
<b>Section B: Limited Liability Partnership Information</b>	
<b>Name of Limited Liability Partnership</b>	The name of the Limited Liability Partnership must be identical to the name of the Limited Liability Partnership as registered in the home jurisdiction (i.e., home province).
	Ensure the Limited Liability Partnership is active in the home jurisdiction (i.e., home province).
<b>Registration Number in British Columbia</b>	Enter the Registration Number in British Columbia, the format must be: <i>number starts with 'XL' followed by seven numeric digits</i>
<b>Registration Number in Home Jurisdiction</b>	Enter the Registration Number assigned in the home jurisdiction (i.e., home province).
<b>Section C: Name and Address of Attorney Ceasing</b>	
<b>Attorney Name</b>	Attorney name may be an individual or a company.
	When the Attorney for service is an individual, the name provided is in the format: <i>Last Name, First Name.</i>
<b>Attorney Mailing Address</b>	Enter the Attorney for service delivery address. 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> If the Attorney is a corporation, enter the mailing address. 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>
<b>Section D: Change Name and Address of New Attorney</b>	
<b>Attorney Name</b>	Enter the new name of the Attorney for service. The attorney for service may be an individual or a company.
	When the Attorney for service is an individual, the name provided is in the format: <i>Last Name, First Name.</i>
<b>Attorney Mailing Address</b>	Enter the Attorney for service mailing address. 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> <i>Not required if Attorney is an individual.</i>

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<b>Attorney Delivery Address</b>	Enter the Attorney for service delivery address. 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>
<b>Section E: Change Address of Attorney</b>	
<b>Attorney Name</b>	Enter the name of the Attorney for service. The attorney for service may be an individual or a company.  When the Attorney for service is an individual, the name provided is in the format: <i>Last Name, First Name.</i>
<b>Attorney Mailing Address</b>	Enter the Attorney for service mailing address. 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. Not required if Attorney is an individual.</i>
<b>Attorney Delivery Address</b>	Enter the Attorney for service delivery address. 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>
<b>Section F: Certified Correct</b>	
<b>Name of Authorized Signing Authority (Authorized Representative)</b>	Enter the name of the Authorizing Signing Authority, format must be: <i>Last Name, First Name.</i>
<b>Signature</b>	Ensure the Notice of Attorney for an extrajurisdictional Limited Liability Partnership registered in British Columbia under NWPTA is signed by the authorized representative.
<b>Relationship to the Extrajurisdictional Limited Liability Partnership</b>	Enter the relationship to the Limited Liability Partnership.
<b>Date Signed</b>	Enter the date the Notice of Attorney is signed. The format should be: <i>YYYY/MM/DD.</i>

- Additional sheet may be attached if there is more than one attorney for service in the partnership.
- The completed Notice of Attorney to be sent to the submitting party and Attorney for service.