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INSTRUCTIONS:

Please type or print clearly and ensure that the form is signed and dated in ink. Complete all areas of the form. Attach an additional sheet if more space is required.

- Item A Enter the registration number of the extraprovincial cooperative association.
Item B Enter the extraprovincial cooperative association's name exactly as shown on the Certificate of Registration, Amalgamation, Continuation or Change of Name.
Item D Enter the complete physical address of the attorney. You may include general delivery, post office box, rural route, site or comp. number as part of the address, but the Corporate Registry cannot accept this information as a complete address.

Filing fee: \$20.00. Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the Corporate Registry authorization to debit the fee from your BC OnLine Deposit Account.

A REGISTRATION NUMBER OF EXTRAPROVINCIAL COOPERATIVE ASSOCIATION

XCP

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

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.

B FULL NAME OF EXTRAPROVINCIAL COOPERATIVE ASSOCIATION

C FULL NAME OF ATTORNEY OR IF THE ATTORNEY IS A CORPORATION, THE FULL NAME OF THE CORPORATION

LAST NAME FIRST NAME INITIALS (If any)

D NEW PHYSICAL ADDRESS OF ATTORNEY

Table with 2 columns: PROVINCE (BC), POSTAL CODE

OR, If attorney is a corporation, new registered office addresses in British Columbia

DELIVERY ADDRESS OF THE COMPANY'S REGISTERED OFFICE

Table with 2 columns: PROVINCE (BC), POSTAL CODE

MAILING ADDRESS OF THE COMPANY'S REGISTERED OFFICE

Table with 2 columns: PROVINCE (BC), POSTAL CODE

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

NAME OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION (Please print)

SIGNATURE OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION

DATE SIGNED YYYY / MM / DD

X