



New West Partnership Trade Agreement

Notice of Change of Attorney

Form 14(N)

Extrajurisdictional

Cooperative Association

Cooperative Association Act

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. 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 attached Instructions Sheet when completing this Notice of Change of Attorney form.

Section A: Submitting Party Information

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: Cooperative Association Information

Name in full of the Extrajurisdictional Association

Home Jurisdiction

Alberta

Saskatchewan

XCP

Registration Number in British Columbia

Registration Number in Home Jurisdiction

Complete sections below to change an Attorney for the Extrajurisdictional Association. The Attorney may be a resident of British Columbia or a company incorporated or extrajurisdictionally registered in British Columbia.

Section C: Change Attorney

Name of Ceasing Attorney:

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

Ceasing Attorney Mailing/Delivery Address: Box/Street Number, City/Town, Province, and Postal Code

Name and Addresses of New Attorney:

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

New 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.

New 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 D: Certified Correct – I have read this form and found it to be correct

Name of Authorized Signing Authority (Please print)

X

Signature

Relationship to Association (Please print)

Date Signed (YYYY/MM/DD)



BC Registry
Services

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Section E: Consent – I hereby consent to act as Attorney of the above mentioned Extrajurisdictional Association

Name of Attorney (Please print)

X

Signature

City (Please print)

Date Signed (YYYY/MM/DD)

Witness' Information

Name of Witness To Attorney's signature (Please print)

X

Signature

City (Please print)

Date Signed (YYYY/MM/DD)

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



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INSTRUCTIONS SHEET

Section A: Submitting Party Information	
Name of Submitting Party	Enter the name of the person submitting the Notice of Change of Attorney.
Mailing Address	Enter a mailing address, format should be - <i>Box/Street Number, City/Town, Province/State, Country and Postal/Zip Code.</i>
Email Address	Enter an email address - <i>optional</i>
Telephone Number including Area Code	Enter a telephone number including the area code - <i>optional</i>
Section B: Cooperative Association Information	
Name of Cooperative Association	The name of the Cooperative Association must be identical to the name of the Cooperative Association as registered in the home jurisdiction and in British Columbia. Ensure the Cooperative Association is active in the home jurisdiction.
Home Jurisdiction	Indicate the home jurisdiction (i.e., home province), <i>only one can be selected.</i>
Registration Number in British Columbia	Enter the Registration Number in British Columbia, the format must be: <i>number starts with 'XCP' followed by seven numeric digits</i>
Registration Number in Home Jurisdiction	Enter the Registration Number assigned in the home jurisdiction (i.e., home province).
Section C: Change Attorney	
Ceasing Attorney Name OR Attorney Company Name	The Attorney name may be an individual or a B.C. corporation or extrajurisdictionally registered in B.C. When the Attorney for service is an individual, the name provided is in the format: Last Name, First Name.
Ceasing Attorney Mailing Address	Enter the Ceasing Attorney's mailing address. The format must be: <i>Box/Street Number, City/Town, Province, and Postal Code.</i>
New Attorney Name OR Attorney Company Name	The Attorney name may be an individual or a B.C. corporation or extrajurisdictionally registered in B.C. When the Attorney for service is an individual, the name provided is in the format: Last Name, First Name.
New Attorney Mailing Address	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>
New Attorney Delivery Address	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>
Section D: Certified Correct	
Name of Authorized Signing Authority (Authorized Representative)	The Name of the Authorizing Signing Authority is entered in the format: Last Name, First Name.
Date Signed	The Notice of Change of Attorney for Extrajurisdictional Cooperative Association in British Columbia under NWPTA is dated by the authorized representative. Date format should be <i>YYYY/MM/DD.</i>



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Signature	Ensure the Notice of Change of Attorney for an extrajurisdictional Cooperative Association registered in British Columbia under NWPTA is signed by the authorized representative.
Relationship to Association	Provide the relationship to the extrajurisdictional Association.
Section E: Consent	
Name of Attorney	Enter the Name of an Attorney who is consenting to represent the extrajurisdictional Association.
Signature	Ensure the signature of the consenting Attorney is provided.
City	Enter the city where the consenting Attorney signed this form.
Date Signed	Enter the date the consenting Attorney signed this form. The date format should be YYYY/MM/DD.
Name of Witness (To Attorney's signature)	Enter the name of the person who witnessed the signing of this form by the above consenting Attorney.
Signature	Ensure the signature of the consenting witness is provided.
City	Enter the city where the witness was in attendance when the consenting Attorney signed this form.
Date Signed	Enter the date the witness was in attendance when the consenting Attorney signed this form. The date format should be YYYY/MM/DD.

- Additional sheet may be attached if there is more than one new attorney for service in the Association.
- A copy of the filed Notice of Change of Attorney will be sent to the Submitting Party ceasing Attorney.