



New West Partnership Trade Agreement

Change Registration Statement

Form 17(N)
 Extraprovincial
 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 Change Registration Statement form.

Section A: Submitting Party Information – Required

Name of Submitting Party: Last Name, First Name OR Company 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 – Required

Name in full of the Extraprovincial Association on file

XCP

Registration Number in British Columbia

Home Jurisdiction

Alberta Saskatchewan

Registration Number in Home Jurisdiction

Section C: Change Name of the Cooperative Association

New Name in full of the Extraprovincial Association

NR

British Columbia Name Request Number

Verified copies of the change of name are included

Section D: Changes to Charter Documents

Verified copies of changes to Charter documents are included

Section E: Change Cooperative Association Head Office Address – Select **one** of the following:

Change Head Office Address **Outside** of British Columbia

Address of the Head Office outside of British Columbia: Box/Street Number, City/Town, Province, and Postal Code

Change Head Office **Inside** of British Columbia

Address of the Head Office inside of British Columbia: Box/Street Number, City/Town, Province, and Postal Code

(The Head Office Address must be a physical location inside of B.C. where mail can be accepted or signed for.)

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 Extraprovincial Association (Please print)

Date Signed (YYYY/MM/DD)

Note: Confirmation will be mailed by BC Registry Services if applicable.



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INSTRUCTION SHEET

| Section A: Submitting Party Information | |
|---|--|
| Name of Submitting Party | Enter the name of the person submitting the Change Registration Statement. |
| 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 Extrajurisdictional Association on file | The name of the Cooperative Association must be identical to the name of the Association registered in the home jurisdiction and in British Columbia. Ensure the Cooperative Association is active in the home jurisdiction. |
| Registration Number in British Columbia | The British Columbia Registration Number is supplied and is in the format: 'XCP' followed by 7 numeric digits. |
| Home Jurisdiction | Indicate the home jurisdiction (i.e., home province), <i>only one can be selected.</i> |
| Registration Number in Home Jurisdiction | Enter the Registration Number in the home jurisdiction (i.e., home province). |
| Section C: Change Name of the Cooperative Association | |
| New Name in full of the Extrajurisdictional Association | The name of the Cooperative Association must be identical to the name of the Association registered in the home jurisdiction. |
| British Columbia Name Request Number | The British Columbia Name Reservation Number is supplied and is in the format: 'NR' followed by 7 numeric digits. The Name Reservation Number must be active. |
| Verified copies of the change of name are included | Check this box to confirm that a verified copy of the name change certificate provided by the Home Jurisdiction is accompanying this Change Registration Statement form. |
| Section D: Changes to Charter Documents | |
| Verified copies of changes to Charter documents are included | If changing charter documentation, check this box to verify that verified copies of these documents accompany this Change Registration Statement form. |
| Section E: Change Cooperative Association Head Office Address | |
| Change Head Office Address Outside of British Columbia | If the head office is outside of British Columbia, check this box and enter the new Head Office Address. It must be an address in either Alberta or Saskatchewan, and in the format: <i>Box/Street Number and Street Name, City/Town, Province, and Postal Code.</i> |
| Change Head Office Address Inside of British Columbia | If the head office is inside of British Columbia, check this box and enter the new Head Office Address. The format must be: <i>Box/Street Number and Street Name, City/Town, Province, and Postal Code.</i> |



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| Section F: 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 Change Registration Statement for Extrajvincial Cooperative Association in British Columbia under NWPTA is dated by the authorized representative. Date format should be YYYY/MM/DD. |
| Signature | Ensure the Change Registration Statement for an extrajvincial Cooperative Association registered in British Columbia under NWPTA is signed by the authorized representative. |
| Relationship to Association | The relationship to the Association is provided. |

- Confirmation of a change of name will be sent to the submitting party.
- Confirmation of a change of address will be sent to the previous Head Office address.