



*New West Partnership Trade Agreement*

## Notice of Voluntary Cancellation

Form 19(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 complete all sections in order to dissolve a Cooperative Association in British Columbia.**

### 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 of the Association to be Dissolved

Home Jurisdiction

Alberta

Saskatchewan

**XCP**

Registration Number of the Association to be Dissolved

Registration Number in Home Jurisdiction

Date of Dissolution (*YYYY/MM/DD*)

### Section C: Certified Correct – I have read this form and found it to be correct

**Submitting this notice confirms the extrajurisdictional Cooperative Association has ceased to carry on business in British Columbia and hereby requests that its registration in British Columbia be cancelled.**

Name of Authorized Signing Authority (*Please print*)

**X**

Signature

Relationship to the Association (*Please print*)

Date Signed (*YYYY/MM/DD*)

**Note:** Confirmation of the cancellation of the Association will be sent to the Submitting Party by BC Registry Services.



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## INSTRUCTION SHEET

Section A: Submitting Party Information	
<b>Name of Submitting Party</b>	Enter the name of the person submitting the Notice of Voluntary Cancellation.
<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>
Section B: Cooperative Association Information	
<b>Name of Cooperative Association</b>	The name of the cooperative Association must be identical to the name of the cooperative Association as registered in the home jurisdiction (i.e. home province).
	Ensure the Cooperative Association is active in the home jurisdiction (i.e. home province).
<b>Home Jurisdiction</b>	Indicate the home jurisdiction (i.e. home province), <i>only one can be selected.</i>
<b>Registration Number in British Columbia</b>	Enter the Registration Number in British Columbia – <i>seven numeric digits after the XCP.</i>
<b>Registration Number in Home Jurisdiction</b>	Enter the Registration Number assigned by the home jurisdiction (i.e. home province).
<b>Date of Dissolution</b>	Enter the date the cooperative Association was cancelled, date format should be: <i>YYYY/MM/DD.</i>
Section C: Certified Correct	
<b>Name of Authorized Signing Authority</b>	The name of the Authorizing Signing Authority (authorized representative of the Association) is entered in the format: Last Name, First Name.
<b>Date Signed</b>	Enter the date the Voluntary Cancellation form was signed by the authorized representative. Date format should be <i>YYYY/MM/DD.</i>
<b>Signature</b>	Ensure the signature of the Authorizing Signing Authority is provided.
<b>Relationship to Association</b>	Enter the relationship of the Authorizing Signing Authority to the Association.

- A copy of the filed document will be sent to the submitting party.