



Telephone: 1 877 526-1526 www.gov.bc.ca/societies

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

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

DO NOT MAIL THIS FORM unless otherwise instructed to do so by registry staff. BC Registries and Online Services requires that this filing be completed online at www.gov.bc.ca/SocietiesOnline Filing Fee: \$15.00

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 Societies Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3

If you are instructed by registry staff to mail this form, please include a cheque/money order (payable to the Minister of Finance) or provide a BC OnLine account number.

INSTRUCTIONS: Please review our webpage www.gov.bc.ca/Societies for information on completing a Change of Attorney for an Extrajurisdictional Non-share Corporation.

Item D - Full Name of Attorney Appointed

Each attorney for an Extrajurisdictional Non-share Corporation must be either an individual who is a resident in BC, or society or a company incorporated in BC.

A PRIMARY EMAIL ADDRESS ALTERNATE EMAIL ADDRESS

B REGISTRATION OR BUSINESS NUMBER OF EXTRAJURISDICTIONAL NON-SHARE CORPORATION

C NAME OF EXTRAJURISDICTIONAL NON-SHARE CORPORATION

D FULL NAME OF ATTORNEY APPOINTED - An Extrajurisdictional Non-share Corporation whose head office is outside of BC must have an attorney. COMPANY OR SOCIETY NAME OR INDIVIDUAL

FIRST NAME MIDDLE NAME LAST NAME

DELIVERY ADDRESS - (PO Box number alone is not acceptable. Postal Code required.) CITY Prov. POSTAL CODE BC

MAILING ADDRESS - (If different from delivery address.) CITY Prov. POSTAL CODE BC

E FULL NAME WHOSE APPOINTMENT IS BEING REVOKED COMPANY OR SOCIETY NAME OR INDIVIDUAL

FIRST NAME MIDDLE NAME LAST NAME

DELIVERY ADDRESS - (PO Box number alone is not acceptable. Postal Code required.) CITY Prov. POSTAL CODE BC

MAILING ADDRESS - (If different from delivery address.) CITY Prov. POSTAL CODE BC

E CHANGE OF ADDRESS OF ATTORNEY

COMPANY OR SOCIETY NAME OR INDIVIDUAL

FIRST NAME	MIDDLE NAME	LAST NAME
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DELIVERY ADDRESS - (PO Box number alone is not acceptable. Postal Code required.)	CITY	Prov. POSTAL CODE
		BC

MAILING ADDRESS- (If different from delivery address.)	CITY	Prov. POSTAL CODE
		BC

F CERTIFICATION - I certify that I have relevant knowledge of the society, and that I am authorized to make this filing.

Note: It is an offence to make a false or misleading statement in respect of a material fact in a record submitted to the Corporate Registry for filing. See section 223 of the Societies Act.

NAME	SIGNATURE	DATE SIGNED (YYYY MM DD)
	X	

G DELIVERY METHOD - Choose one delivery method for receipt of the Extraprovincial Non-share Corporation's documents.

Extraprovincial Non-share Corporation's Email	Other Email Address
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Pickup (Victoria only)	Contact Person	Telephone
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By Mail to Head Office Mailing Address

By Mail to another address. Please specify.

MAILING ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
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