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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 Business Corporations Act for the purposes of assessment.

INSTRUCTIONS:

Please type or print clearly in block letters and ensure that the form is signed and dated in ink.

- Item B Enter the name exactly as shown on the extrajurisdictional company's Certificate of Registration...
Item C This form notifies the registrar of the appointment of an attorney for an extrajurisdictional company.
Item D The delivery address of an attorney who is an individual is the address of the office in BC where the individual can usually

be reached between 9 a.m. and 4 p.m. on business days for the delivery of records. Or, if the attorney is a BC company, the delivery address is for the registered office of the company which must be for a location in BC that is accessible to the public between 9 a.m. and 4 p.m. on business days for the delivery of records.

Item E This is the signature of the authorized signing authority for the extrajurisdictional company. If the authorized signing authority is another attorney for the extrajurisdictional company and that attorney is a BC company, this form must be signed by an authorized signing authority for that company.

Effective Date: The appointment of an attorney is effective on the date and time the notice of appointment is filed with the registrar.

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

PLEASE ENTER THE COMPANY EMAIL ADDRESS FOR CORRESPONDENCE

REGISTRATION NUMBER OF EXTRAJURISDICTIONAL COMPANY

NAME OF EXTRAJURISDICTIONAL COMPANY

FULL NAME OF ATTORNEY APPOINTED

LAST NAME FIRST NAME MIDDLE NAME

COMPANY NAME

ATTORNEY ADDRESSES

DELIVERY ADDRESS OF ATTORNEY PROVINCE POSTAL CODE BC

MAILING ADDRESS OF ATTORNEY PROVINCE POSTAL CODE BC

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

NAME OF AUTHORIZED SIGNING AUTHORITY FOR THE EXTRAJURISDICTIONAL COMPANY

SIGNATURE OF AUTHORIZED SIGNING AUTHORITY FOR THE EXTRAJURISDICTIONAL COMPANY

DATE SIGNED YYYY / MM / DD

X