



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

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

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

DO NOT MAIL THIS FORM - to BC Registry Service unless you are instructed to do so by registry staff. The Regulation under the Business Corporation Act requires the electronic version of this form to be filed on the internet at www.corporateonline.gov.bc.ca

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. Questions regarding the collection, use and disclosure of personal information can be directed to the Executive Coordinator of the BC Registry Services at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

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, or enter the name exactly as shown on any Change of Name certificate or certificate of registration issued by the registrar as a result of an amalgamation of the extrajurisdictional company.
Item C An attorney may be an individual or a BC company. If the attorney is a BC company, enter the full name of the BC company.
Item E This is the signature of the authorized signing authority for the extrajurisdictional company. If the authorized signing authority is an 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 revocation of the attorney will take effect at the beginning of the day (12:01 a.m. Pacific Time) following the date on which the notice is filed with the registrar.

Filing Fee: \$20.00 IF YOU ARE INSTRUCTED BY REGISTRY STAFF TO

MAIL THIS FORM 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 pay in Canadian dollars or in the equivalent amount of US funds.

★ PLEASE ENTER THE COMPANY EMAIL ADDRESS FOR CORRESPONDENCE

A REGISTRATION NUMBER OF EXTRAJURISDICTIONAL COMPANY

B NAME OF EXTRAJURISDICTIONAL COMPANY

C FULL NAME OF ATTORNEY WHOSE APPOINTMENT IS BEING REVOKED

LAST NAME

FIRST NAME

MIDDLE NAME

COMPANY NAME

D MAILING ADDRESS OF ATTORNEY

PROVINCE

POSTAL CODE

BC

E 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