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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: An attorney may be an individual or a BC company...
Item E: This is the signature of the authorized signing authority...

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.

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...

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

★ 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