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Victoria BC V8W 9V3

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Victoria BC V8W 3E6

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. If the attorney is a BC company, enter the full name of the BC company.
Item F If the attorney is a BC company, this form must be signed by an authorized signing authority for that company.

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.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

A REGISTRATION NUMBER OF EXTRAJURISDICTIONAL COMPANY

B NAME OF EXTRAJURISDICTIONAL COMPANY

C FULL NAME OF ATTORNEY WHO INTENDS TO RESIGN

LAST NAME

FIRST NAME

MIDDLE NAME

COMPANY NAME

D MAILING ADDRESS OF ATTORNEY

PROVINCE

POSTAL CODE

BC

E EFFECTIVE DATE OF REGISTRATION

The resignation will take effect on the later of the following dates:

The resignation is to take effect at the beginning of the date that is 2 months and one day after the date on which this notice is filed by the registrar.

OR

YYYY / MM / DD

The resignation is to take effect at the beginning of

[Date input field]

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

I also confirm that I have provided my resignation to the extrajurisdictional company at its head office

YYYY / MM / DD

on [Date input field] which date is at least two months before the resignation is to take effect.

NAME OF ATTORNEY FOR THE EXTRAJURISDICTIONAL COMPANY

SIGNATURE OF ATTORNEY FOR THE EXTRAJURISDICTIONAL COMPANY

DATE SIGNED

YYYY / MM / DD

X