

**NOTICE OF REVOCATION  
OF APPOINTMENT  
OF ATTORNEY**  
**FORM 40**  
**EXTRAPROVINCIAL COMPANY**  
Section 393 *Business Corporations Act*

Telephone: 250 356-8626

**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 extraprovincial 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 extraprovincial 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 extraprovincial company. If the authorized signing authority is an attorney for the extraprovincial 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**

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.

**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 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

**OFFICE USE ONLY – DO NOT WRITE IN THIS AREA**

**A REGISTRATION NUMBER OF EXTRAPROVINCIAL COMPANY**

**B NAME OF EXTRAPROVINCIAL 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 EXTRAPROVINCIAL COMPANY

SIGNATURE OF AUTHORIZED SIGNING AUTHORITY  
FOR THE EXTRAPROVINCIAL COMPANY

DATE SIGNED  
YYYY / MM / DD

X