



**EXTRAPROVINCIAL
COOPERATIVE ASSOCIATION
NOTICE OF CHANGE OF
ADDRESS OF ATTORNEY
FORM 12**
Cooperative Association Act

Telephone: 250 356-8609

INSTRUCTIONS:

Please type or print clearly and ensure that the form is signed and dated in ink. Complete all areas of the form. Attach an additional sheet if more space is required.

- Item A** Enter the registration number of the extraprovincial cooperative association. This number is located in the upper right-hand corner of the Certificate of Incorporation, Amalgamation, Continuation or Change of Name.
- Item B** Enter the extraprovincial cooperative association's name exactly as shown on the Certificate of Registration, Amalgamation, Continuation or Change of Name.
- Item D** Enter the complete **physical address** of the attorney. You may include general delivery, post office box, rural route, site or comp. number as part of the address, but the Corporate Registry cannot accept this information as a complete address. You must also include a postal code. If an area does not have street names or numbers, provide a description that would readily allow a person to locate the attorney.

Filing fee: \$20.00. Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the Corporate Registry authorization to debit the fee from your BC OnLine Deposit Account. Please pay in Canadian dollars or in the equivalent amount of U.S. funds.

A REGISTRATION NUMBER OF EXTRAPROVINCIAL COOPERATIVE ASSOCIATION

XCP

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 Cooperative Association 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.

B FULL NAME OF EXTRAPROVINCIAL COOPERATIVE ASSOCIATION

C FULL NAME OF ATTORNEY OR IF THE ATTORNEY IS A CORPORATION, THE FULL NAME OF THE CORPORATION

LAST NAME

FIRST NAME

INITIALS (If any)

D NEW PHYSICAL ADDRESS OF ATTORNEY

PROVINCE	POSTAL CODE
BC	

OR, If attorney is a corporation, new registered office addresses in British Columbia

DELIVERY ADDRESS OF THE COMPANY'S REGISTERED OFFICE

PROVINCE	POSTAL CODE
BC	

MAILING ADDRESS OF THE COMPANY'S REGISTERED OFFICE

PROVINCE	POSTAL CODE
BC	

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

NAME OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION (Please print)

SIGNATURE OF CURRENT DIRECTOR, OFFICER OR LAWYER OF THE ASSOCIATION

DATE SIGNED
YYYY / MM / DD

X