



Ministry of Finance
 Corporate and Personal
 Property Registries
 www.fin.gov.bc.ca/registries

Mailing Address:
 PO Box 9431 Stn Prov Govt
 Victoria BC V8W 9V3
 Location:
 2nd Floor – 940 Blanshard Street
 Victoria BC

**NOTICE OF RESIGNATION
 OF ATTORNEY**

**FORM 41
 EXTRAPROVINCIAL COMPANY**
 Section 395 *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 F If the attorney is a BC company, this form must be signed by an authorized signing authority for that company.

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 (FIPPA): The personal information requested on this form is made available to the public under the authority of the *Business Corporations Act*. Questions about how the FIPPA applies to this personal information can be directed to the Administrative Assistant of the Corporate and Personal Property Registries 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 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 _____ .

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 extraprovincial company at its head office

YYYY / MM / DD

on _____ which date is at least two months before the resignation is to take effect.

NAME OF ATTORNEY FOR THE EXTRAPROVINCIAL COMPANY

SIGNATURE OF ATTORNEY FOR THE EXTRAPROVINCIAL COMPANY

DATE SIGNED

YYYY / MM / DD

X