

**Notice of Revocation of Appointment of Attorney**  
Alberta Corporation Registered Extra-Provincially in British Columbia

**Submitting Party Information**

*(Required information: the submitting party may be a firm or an individual; the name and address must be provided)*

\_\_\_\_\_  
Company Name **OR** Last Name, First Name

\_\_\_\_\_  
**Mailing Address:** Box/Street, City/Town, Province/State, Country and Postal/Zip Code

\_\_\_\_\_  
Telephone Number, including area code

\_\_\_\_\_  
E-mail Address

**Alberta Corporation Registration Information**

\_\_\_\_\_  
Name of Corporation *(required)*

\_\_\_\_\_  
Alberta Corporate Access Number *(required)*

\_\_\_\_\_  
Alberta Registration Date *(required)*

**Extra-Provincial Registration Information in British Columbia**

\_\_\_\_\_  
Extra-Provincial Registration Number in BC

**Type of Amendment: *Revocation***

*(Revocation of BC Attorney)*

**British Columbia Attorney for Service Whose Appointment is Being Revoked**

*(Required Information: The full name of attorney whose appointment is being revoked; one or more attorney appointments may be revoked; the attorney may be an individual resident in BC or a company incorporated in BC. The attorney mailing address must be supplied.)*

**(1)**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name, if any

\_\_\_\_\_  
**OR** Company Name

\_\_\_\_\_  
**Attorney Mailing Address** *(must be in BC; can be a post office box):* Box/Street, City, Province, Country and Postal Code

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(2)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name, if any

\_\_\_\_\_  
**OR** Company Name

\_\_\_\_\_  
**Attorney Mailing Address** (must be in BC; can be a post office box): Box/Street, City, Province, Country and Postal Code

*Note: Confirmation of the registration in British Columbia will be issued by the British Columbia registrar.*

\_\_\_\_\_  
Name of Authorized Signing Authority (Authorized Representative)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (Relationship to Corporation)

\_\_\_\_\_  
Date Signed

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**INSTRUCTIONS**

**This form is used to complete the revocation of appointment of attorney of an Alberta corporation extra-provincially registered in British Columbia in compliance with the provisions of the Trade, Investment and Labour Mobility Agreement (TILMA).**

**INSTRUCTIONS**

**This form is used to complete the appointment of attorney of an Alberta corporation extra-provincially registered in British Columbia in compliance with the provisions of the Trade, Investment and Labour Mobility Agreement (TILMA).**

Submitting Party Information

- Enter the name, complete mailing address and telephone number of the submitting party. The submitting party may be a firm or an individual.

Alberta Corporation Registration Information

- Enter the name of the corporation.
- Enter the Alberta corporate access number.
- Enter the date of registration in Alberta.

Type of Amendment: Revocation

British Columbia Attorney for Service Whose Appointment is Being Revoked

- Enter the full name of attorney whose appointment is being revoked. The attorney may be an individual resident in BC **or** a company incorporated in BC. One or more attorney appointments may be revoked. Enter each attorney separately.
- Enter the full attorney mailing address. The mailing address must be in BC and can be a post office box.

The form must include:

- The name of the authorized representative
- Title (relationship to corporation)
- Signature
- Date signed

**Corporate Registry Mailing Address**

Corporate Registry  
Service Alberta  
PO Box 1007 Station Main  
Edmonton, Alberta T5J 4W6

**Corporate Registry Contact Information**

(780) 427-7013 (Edmonton area callers)  
310-000 followed by 427-7013 (toll-free outside  
Edmonton)