

Notice Of Attorney For Service Or Change Of Attorney Or Alternative Attorney

Business Corporations Act
Sections 267 and 275

1. Name of Corporation	2. Alberta Corporate Access Number

3. **Attorney Status:** *(Check the appropriate box)*

- Attorney appointed for the purpose of registration
- Change of Attorney
- Alternative Attorney
- Change of Alternative Attorney
- Resignation / Revocation of _____ as Alternative
Name of Attorney

4. **The above mentioned corporation has appointed _____ as the _____**
Name of Individual

5. **Full Address of Attorney**

Address <i>(accessible to public)</i>	City / Town	Province	Postal Code
Mailing Address <i>(if different from above)</i>	City / Town	Province	Postal Code

6. **Attorney's Consent:**

I, _____ consent to act as the Attorney of the above
named _____
Name of Attorney

Date

Identification of Attorney

Name of Witness *(please print)*

Identification of Witness

Address of Witness City / Town Province Postal Code

Name of Person Authorizing *(please print)*

Telephone Number *(daytime)*

Date

Identification

Title *(please print)*

This information is being collected for the purposes of corporate registry records in accordance with the Business Corporations Act. Questions about the collection of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for Alberta Registries, Research and Program Support, 3rd Floor, Commerce Place, 10155 - 102 Street, Edmonton, Alberta T5J 4L4, (780) 422-7330.

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BUSINESS CORPORATIONS ACT

INSTRUCTIONS

This information is submitted to your authorized service provider for filing with the Registrar pursuant to the Business Corporations Act and must conform to Section 1 of the Regulations made under the Act.

For new registrations, Items 1, 3, 4, 5 and 6 must be completed.

For changes, complete Items 1, 2, 3, 4, 5 and 6.

Item 1. Enter the corporation's full legal name in Alberta.

Item 2. The corporate access number **must** be entered. It is printed on the top right hand corner of the Certificate of Registration.

Item 3. Check the appropriate box. Only one attorney can be appointed per form. Attorneys must be individuals.

Item 4. Enter the full name of the individual who has been appointed as the attorney or alternative attorney.

Item 5. Enter the complete address of the attorney, including the postal code. This address must be accessible to the public and must be within Alberta. If it is not a mailing address, give a mailing address as well, including postal code.

Item 6. The attorney **must**:

- enter his or her full name
- provide identification
- enter date of consent to act as attorney.

The witness **must**:

- enter his or her full name and complete address
- provide identification.

The following information must be included:

- name of person authorizing (director/authorizing officer)
- title
- identification
- date
- daytime telephone number

When the information is submitted to your service provider, identification of the authorized person/officer/director/declarant will be required.