

**CHANGE OF ADDRESS FOR SERVICE
OF SECURED PARTY**

Branch File # _____

Registration #: _____
Date and Time Received: Y / M / D

Signature of Division Head
Date: Y / M / D

DO NOT WRITE ABOVE THIS LINE. FOR DEPARTMENT USE ONLY.

A. Full name of secured party.

B. Disposition type and number. (Submit one notice for each disposition affected by the security interest.)

C. Registration number of original security notice. (Submit one change of address for each registered security notice.)

D. New address for service of secured party.

Full name of Agent of secured party if different from A.

Street Address, Suite, Box Number

City Province/Territory or State Country Postal Code

Phone Number Fax Number E-mail Address

E. Signature of secured party or agent.

Signature

Name (print or type) Capacity

F. Dated

this _____ day of _____

G. Disclaimer. If there is any conflict or inconsistency between this form or the Guidelines and a provision of the *Oil and Gas Act* or any regulations under it, the latter provision prevails.

This Statutory Notice is issued pursuant to the *Oil and Gas Act* and the *Oil and Gas Disposition Regulations*.