



# NOTICE OF CHANGE OF DIRECTORS / DIRECTORS' ADDRESSES

This form must be used for changes to the number of directors, required by the *Phased Development Regulation*. This form may also be used to file notice of change of directors and/or directors' addresses between annual general meetings, if desired.

Condominium corporation			
<b>1. Name</b> (e.g., Whitehorse Condominium Corporation No. 95)			
<b>2. Change of directors or change of address</b>			
Is this a change of directors of the corporation?			
<input type="checkbox"/> Yes – go to section 3 or 4			
<input type="checkbox"/> No			
Is this a change of address of directors?			
<input type="checkbox"/> Yes – go to section 5			
<input type="checkbox"/> No			
<b>3. Incoming directors:*</b>			
Director's name	Effective Date YYYY / MM / DD		
Mailing address	City	Terr./Prov.	Postal code
Director's name	Effective Date YYYY / MM / DD		
Mailing address	City	Terr./Prov.	Postal code
Director's name	Effective Date YYYY / MM / DD		
Mailing address	City	Terr./Prov.	Postal code
<b>4. Outgoing directors:*</b>			
Director's name	Date ceased to be director YYYY / MM / DD		
Mailing address	City	Terr./Prov.	Postal code
Director's name	Date ceased to be director YYYY / MM / DD		
Mailing address	City	Terr./Prov.	Postal code
Director's name	Date ceased to be director YYYY / MM / DD		
Mailing address	City	Terr./Prov.	Postal code

<b>5. Director(s) whose address has changed:</b>			
Director's name	Effective Date YYYY / MM / DD		
Mailing address	City	Terr./Prov.	Postal code
Director's name	Effective Date YYYY / MM / DD		
Mailing address	City	Terr./Prov.	Postal code
<b>6. As of the date of signature, the directors of the condominium corporation are:*</b>			
Name	Effective Date YYYY / MM / DD		
Mailing address	City	Terr./Prov.	Postal code
Name	Effective Date YYYY / MM / DD		
Mailing address	City	Terr./Prov.	Postal code
Name	Effective Date YYYY / MM / DD		
Mailing address	City	Terr./Prov.	Postal code
*If more than three (3) directors, attach additional page.			
<b>Signature(s)</b>			
Date of execution YYYY / MM / DD			
Name of condominium corporation			
Signature of authorized signatory		Name (print)	
Position			
Signature of authorized signatory (if more than one required)		Name (print)	
Position			

**Mail**  
PO Box 2703 (J-2A)  
Whitehorse, YT Y1A 2C6

**Phone**  
867.667.5612

**Drop off**  
2134 2nd Ave, Whitehorse, YT

Personal information in this form is collected under section 15(c)(i) of the *Access to Information and Protection of Privacy Act* (ATIPPA), and under the *Condominium Act, 2015*, the *Land Titles Act, 2015* and the Regulations under both of those Acts, for the purpose of carrying out the activities of the Land Titles Office, such as creating condominiums, registering the title to land and compilation of public registers. ATIPPA does not apply to the information in public registers kept by the Land Titles Office. Any person is entitled to access to the information contained in the public registers and may make copies or extracts of the information. If you have questions related to the collection of this information, contact the Deputy Registrar of Land Titles at 867-667-5612, or toll free, within Yukon 1-800-661-0408, ext. 5612.