



New West Partnership Trade Agreement

Registration Statement

Form 1(N) Extrajurisdictional Limited Partnership Partnership Act

Freedom of Information and Protection of Privacy Act (FOIPPA): Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Partnership Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Executive Coordinator of BC Registry Service at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

Please refer to the instructions when completing this Registration Statement. All sections must be completed.

Section A: Submitting Party Information

Name of Submitting Party: Last Name, First Name OR Company Name

Email Address

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

Telephone Number including Area Code

Section B: Limited Partnership Information

Name of Limited Partnership

British Columbia Name Request Number

Home Province

Alberta Saskatchewan

Registration Date in Home Jurisdiction: YYYY/MM/DD

Registration Number in Home Jurisdiction

Limited Partnership Mailing Address: Box/Street No, City/Town, Province, and Postal Code

(The mailing address must be a location where mail can be received. It can be either inside or outside of B.C.)

National Business Number, if obtained

Section C: General Partner Information – if more than one General Partner, submit an additional page

General Partner Name: (Last Name, First Name) OR Company Name

B.C. General Partner Registration Number

General Partner Address: Box/Street Number, City/Town, Province/State, Country and Postal/Zip Code

(The General Partner address must be a physical location where mail can be accepted or signed for. It can be either inside or outside of B.C.)

Section D: British Columbia Attorney for Service – if more than one Attorney, submit an additional sheet

Attorney Name: (Last Name, First Name) OR Company Name

Attorney Mailing Address: Box/Street Number, City/Town, Province, and Postal Code (must be in B.C., can be a post office box)

(The mailing address must be a location inside of B.C. It can be a post office box.) (Not required if attorney is an individual.)

Attorney Delivery Address: Box/Street Number, City/Town, Province, and Postal Code (must be in B.C., must be a physical address)

(The delivery address must be a physical location inside of B.C. where mail can be accepted or signed for.)

Section E: Certified Correct – I have read this form and found it to be correct

Name of Authorized Signing Authority (Please print)

X

Signature

Relationship to the Extrajurisdictional Limited Partnership (Please print)

Date Signed (YYYY/MM/DD)

Note: Confirmation of registration will be mailed to the Submitting Party and the Attorney for Service by BC Registry Services.



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INSTRUCTION SHEET

Section A: Submitting Party Information	
Name of Submitting Party	Enter the name of the person submitting the Registration Statement.
Mailing Address	Enter a mailing address, format should be - <i>Box/Street Number, City/Town, Province/State, Country and Postal/Zip Code.</i>
Email Address	Enter an email address - <i>optional</i>
Telephone Number including Area Code	Enter a telephone number including the area code - <i>optional</i>
Section B: Limited Partnership Information	
Name of Limited Partnership	The name of the limited partnership must be identical to the name of the Limited Partnership as registered in the home jurisdiction (i.e., home province).
	The name of the Limited Partnership provided must match the name approved on the British Columbia Name Reservation.
	The British Columbia Name Reservation Number is active.
	Ensure the limited partnership is active in the home jurisdiction (i.e., home province).
Home	Indicate the home jurisdiction (i.e., home province), <i>only one can be selected.</i>
British Columbia Name Request Number	The British Columbia Name Request Number is supplied and is in the format: 'NR' followed by 7 numeric digits. The Name Reservation Number must be active.
Registration Date in Home Province	Enter the registration date in Home Province. The date format should be: YYYY/MM/DD.
Registration Number in Home Jurisdiction	Enter the Registration Number assigned by the home jurisdiction (i.e., home province).
National Business Number	If the National Business Number (BN) has been obtained, enter the BN. The format is: 9 numeric digits - <i>optional</i>
Limited Partnership Mailing Address	Enter the Limited Partnership Mailing Address; it can be either inside or outside of B.C. The format must be: <i>Box/Street No, City/Town, Province, and Postal Code.</i>
Section C: General Partner Information	
General Partner Name	Enter the name of the General Partner. A General Partner may be an individual, corporation, society or a general partnership.
	When the general partner is an individual, the name is provided in the format: <i>Last Name, First Name.</i>
	If more than one General Partner is in the partnership, submit an additional sheet along with the registration statement. Please include the General Partner name and address.
General Partner Registration Number	Enter the General Partner Registration Number. <i>Not required if General Partner is an individual.</i>



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General Partner Address	Enter the address of the General Partner. The General Partner address must be a physical location where mail can be accepted or signed for. It can be either inside or outside of B.C. The format must be: <i>Box/Street Number, City/Town, Province/State, Country and Postal/Zip Code.</i>
Section D: British Columbia Attorney for Service	
Attorney Name	Enter the name of the Attorney for service. The attorney for service may be an individual or a company.
	If the Attorney for service is an individual, the name provided is in the format: <i>Last Name, First Name.</i>
	If more than one Attorney for service is in the partnership, submit an additional sheet along with the registration statement. Include the Attorney Name, Mailing and Delivery address.
Attorney Mailing Address	Enter the Attorney for service mailing address. It must be in British Columbia and may be a post office box. The format must be: <i>Box/Street Number, City/Town, Province, and Postal Code. Not required if Attorney is an individual.</i>
Attorney Delivery Address	Enter the Attorney for service delivery address. The location must be a physical address in B.C. and accessible to the public from 9:00 a.m. to 4:00 p.m. on business days. The format must be: <i>Box/Street Number, City/Town, Province, and Postal Code.</i>
Section E: Certified Correct	
Name of Authorized Signing Authority (Authorized Representative)	Enter the name of the Authorizing Signing Authority, format must be: Last Name, First Name.
Date Signed	Enter the date the Registration Statement is signed. The date format should be: <i>YYYY/MM/DD.</i>
Signature	Ensure the registration statement for an extrajurisdictional Limited Partnership registered in British Columbia under NWPTA is signed by the authorized representative.
Relationship to Partnership	Enter the relationship of the above signatory to the Partnership.

- Additional sheet may be attached if there is more than one general partner in the Partnership.
- Additional sheet may be attached if there is more than one attorney for service in the Partnership.
- The completed Registration Statement will be sent to the submitting party.