



New West Partnership Trade Agreement

Registration Statement

Form 4(N)

Extrajurisdictional

Limited Liability 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.

Section A: Submitting Party Information (Required)

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 Liability Partnership Information (Required)

Name of Limited Liability Partnership

British Columbia Name Request Number

Home Province

Alberta Saskatchewan

Registration Date in Home Jurisdiction: YYYY/MM/DD

Registration Number in Home Jurisdiction

National Business Number (if obtained)

1) Is the Partnership a Limited Partnership that is registered extrajurisdictionally in B.C.?

Yes No

If 'Yes', please provide the B.C. Limited Partnership Registration Number

Registration Number of B.C. Limited Partnership

2) Is the Partnership a Professional Partnership?

Yes No

Note: By signing this registration statement, the person filing the registration statement on behalf of the professional partnership confirms that the members of that profession are expressly authorized by or under the Act by which that profession is governed in B.C. to carry on the practice of the profession through a limited liability partnership, any pre-requisites to that authorization that have been established under the Act have been met by the partnership.

Section C: Registered Office in British Columbia (If any, both the mailing and delivery address must be provided)

Mailing Address of the Registered Office: Box/Street Number, City/Town, Province, and Postal Code

(The Mailing Address must be a location inside of B.C.. It can be a post office box.)

Delivery Address of the Registered Office: Box/Street Number, City/Town, Province, and Postal Code

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



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Section D: British Columbia Attorney for Service

(If a B.C. Registered Office has not been supplied in Section C, a B.C. attorney for service must be provided. The attorney may be an individual who is resident in B.C. or a company that is incorporated in B.C.. Both the mailing and delivery address must be supplied.)

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

Attorney Mailing Address: Box/Street Number, City/Town, Province, and Postal Code

(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

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

Section E: Registration Confirmation *(Choose one of the following)*

- I confirm that I have received the approval of all partners to file this registration statement.
- I confirm that the partnership agreement authorizes the filing of this registration statement.

Section F: 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 Liability Partnership *(Please print)*

Date Signed (YYYY/MM/DD)

Note: Confirmation of registration will be mailed to the Submitting Party and the Attorney for Service or the Registered Office by the British Columbia Registrar.



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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 Liability Partnership Information	
Name of Limited Liability Partnership	The name of the Limited Liability Partnership must be identical to the name of the Limited Liability partnership as registered in the home jurisdiction (i.e., home province).
	The name of the Limited Liability Partnership provided must match the name approved on the British Columbia Name Reservation.
	Ensure the Limited Liability partnership is active in the home jurisdiction (i.e., home province).
Home Jurisdiction	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, date format should be YYYY/MM/DD.
Registration Number in Home Jurisdiction	Enter the Registration Number assigned in 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>
Section C: Registered Office in B.C. Information	
Mailing Address of the Registered Office	Enter the Mailing Address of the Registered Office. It must be in British Columbia and may be a post office box. The format must be: <i>Box/Street Number and Street Name, City/Town, Province, and Postal Code.</i>
Delivery Address of the Registered Office	Enter the Delivery Address of the Registered Office. The address 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 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, and Middle Name.</i>



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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: Registration Confirmation	
Ensure one of the two checkboxes is checked.	
Section F: Certified Correct	
Name of Authorized Signing Authority (Authorized Representative)	Enter the name of the Authorizing Signing Authority, format must be: <i>Last Name, First Name.</i>
Signature	Ensure the registration statement for an extrajvincial Limited Liability Partnership registered in British Columbia under NWPTA is signed by the authorized representative.
Relationship to Partnership	Enter the relationship to the Partnership.
Date Signed	Enter the date the Registration Statement is signed. The date format should be: <i>YYYY/MM/DD.</i>

- An additional sheet may be attached if there is more than one attorney for service in the partnership.
- The completed registration statement is to be sent to the home province.