

Extraprovincial NOTICE OF CANCELLATION

Limited Liability Partnership Partnership Act

Telephone: 1 877 526-1526 Mailing address: PO Box 9431 Stn Prov Govt Courier Address: 200 – 940 Blanshard Street
Email: bcregistries@gov.bc.ca Victoria BC V8W 9V3 Victoria BC V8W 3E6

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 complete all sections to cancel an extraprovincial Limited Liability Partnership in British Columbia.

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
ection B: Limited Liability Partnership Information		
		Home Jurisdiction: Manitoba
Name of Limited Liability Partnership		_
Registration Number in British Columbia		Registration Number in Home Jurisdiction
Date of Cancellation: YYYY/MM/DD		
ection C: Cancellation of Registration		
ubmitting this notice confirms the Extraprovincial Limited Licolumbia and hereby requests that its registration in British (-
Name of Authorized Signing Authority (Authorized Representative)	Signature	
Relationship to Partnership	Date Signed:	NOON IN AREA IND

Note: Confirmation of the cancellation of the Limited Liability Partnership will be sent to the submitting party by BC Registry Services



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New West Partnership Trade Agreement

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INSTRUCTION SHEET

Section A: Submitting Party Information		
Name of Submitting Party	Enter the name of the person or company submitting the Cancellation of extraprovincial Limited Liability Partnership.	
Mailing Address	Enter a mailing address, format should be - Box/Street Number, City/Town, Province/State, Country and Postal/Zip Code.	
Email Address	Enter an email address - optional	
Telephone Number including Area Code	Enter a telephone number including the area code - optional	
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).	
	Ensure the limited Liability partnership is active in the home jurisdiction (i.e., home province).	
Registration Number in British Columbia	Enter the Registration Number in British Columbia, the format must be: XL followed by 7 numeric digits.	
Registration Number in Home Jurisdiction	Enter the Registration Number assigned in the home jurisdiction (i.e., home province).	
Date of Cancellation	Enter the date the Extraprovincial Limited Liability Partnership ceased to carry on business in British Columbia. The date format should be YYYY/MM/DD.	
Cancellation of Registration		
Name of Authorized Signing Authority (Authorized Representative)	The name of the Authorizing Signing Authority is entered in the format: Last Name, First Name.	
Signature	Ensure the cancellation of an extraprovincial 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	Ensure the cancellation of the extraprovincial Limited Liability Partnership in British Columbia under NWPTA is dated by the authorized representative. Date format should be YYYY/MM/DD.	

• The completed cancellation statement is to be sent to the submitting party.