

STATEMENT OF REGISTRATION GENERAL PARTNERSHIP

Telephone: 1 877 526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Courier Address: 200 – 940 Blanshard Street Www.bcreg.ca Victoria BC V8W 9V3 Victoria BC V8W 3E6

PLEASE NOTE:

DO NOT MAIL

The registration of a business name under the Partnership Act:

- does not provide any protection for that name, and
- · does not mean that the name will be available if you decide to incorporate a company using this name.

One of the primary reasons for registration of a Partnership is so the public can identify and locate the individuals involved in the business. A partner can be one of the following: an individual, corporation or other corporate entity such as a society, cooperative, etc.

Please have your name reservation approved before submitting this statement of registration. Name Approval Request forms are available from your nearest Service BC Centre, service delivery location or our website at www.bcregistry.gov.bc.ca

To submit your Name Approval Request electronically go to www.bcregistrynames.gov.bc.ca
To register your partnership online go to www.bcregistry.gov.bc.ca

GENERAL INSTRUCTIONS

A. Name and Contact Information of Completing Party:

This may be used for correspondence regarding this registration. We will send a registration statement document to this email address.

B. Business Information:

Business Name: Enter the approved business name, not the owner's name.

Business Address: The location where the business is to be conducted in British Columbia. Enter the complete physical address. You may include general delivery, post office box, rural route, site or comp. number as part of the address, but the Registry cannot accept this information as a complete address. You must also include a postal code. If an area does not have street names or numbers, provide a description that would readily allow a person to locate your business (e.g., the 2nd house on the left side, 4 miles west on Central County Road, Creston, B.C.).

Mailing Address: Complete only if this address is different from the business address. A post office box or rural route number is acceptable as the mailing address.

Business Contact Information: Provide an email address that the business may be contacted at in the future. All future documents will be sent to this email address.

Start Date of Business in British Columbia: Enter the start date of the business. The start date can be no more than 10 years in the past and 90 days in the future. Make certain this is the correct date as it cannot be easily corrected afterwards.

Nature of Business: Provide the North American Industry Classification System code (NAICS). You can find this information on the Statistics Canada website, https://www.statcan.gc.ca/en/subjects/standard/naics/2022/v1/index. You must provide a 6 digit number. Please contact Statistics Canada for assistance selecting your NAICS code.

Email: infostats@statcan.gc.ca

Telephone:(toll free) 1-800-263-1136 (international) 1-514-283-8300

Canada Revenue Agency Business Number: If you have previously signed up for a program account with the Canada Revenue Agency (CRA) for this business, you must indicate the nine digit Business Number (BN) here. If you do not already have one, leave this blank and one will be generated for this business. If you are unsure if you already have a BN, contact the CRA at 1-800-959-5525.

C. Partnership: Enter the full name of all the partners. If there are more than three partners, please reach out to BC Registries at bcregistries@gov.bc.ca to supply the names and addresses of the additional partners.

If the partner is an individual, the individual must use a residential address.

If you need assistance to complete this form, please phone 1 877 526-1526.

DO NOT MAIL

Complete this filing online at www.bcregistry.ca/business

To register a proprietorship or general partnership:

 $\begin{array}{lll} \text{Name Approval} & \$30.00 \\ \text{Registration} & \underline{\$40.00} \\ \text{Total} & \$70.00 \\ \end{array}$

The above fees include one certified copy. Additional certified copies are \$25.00 each.

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 Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.



STATEMENT OF REGISTRATION **GENERAL PARTNERSHIP**

	hone: 1 877 526-1526 r.bcreg.ca		Mailing Add	ress:	PO Box 943 Victoria BC	31 Stn Prov Govt V8W 9V3	Courie			Blanshard Street V8W 3E6	
Note:	The registration of a business na Partnership Act does not provid for that name.	ame under the e any protect	ion NR	NAME A	APPROVAL NO	- If known					
A. Na	ame and contact information	n of compl	eting party								
FIRST NAME MIDDLE NAME LAST NAM					NAME						
STREET		•	CITY		PROVINCE	POSTAL CODE	CORPORATE REC	GISTRY REGISTF	RATION NUM	BER	
EMAIL						1	NATIONAL BUSINESS NUMBER				
Please T	YPE or PRINT CLEARLY.										
B. Bus	iness Information S NAME										
BUSINES	S ADDRESS – <i>Must be the physical</i>	location of ti	he business in B.C., r	not just	a general deliv	very, post office box,	rural route, site, or	comp. numbe	er		
STREET					CITY			PROVINCE		POSTAL CODE	
								British Co	lumbia		
MAILING STREET	ADDRESS				CITY			PROVINCE		POSTAL CODE	
	S CONTACT INFORMATION ddress - <i>required</i>				Phon	e number - <i>optiond</i>	al	•			
	NATURE OF BUSINESS IN RITISH COLUMBIA YYYY / MMM / DD NATURE OF BUSINESS (North American Industry Classification System of (NAICS)(e.g., 445291 - Baked goods stores)						CANADA REVENUE AGENCY BUSINESS NUMBER				
C. Partnership – This is to certify that the persons named in Section C are the only members of this parti 1. PROPRIETOR NAME – State the corporate or individual name of the owner in full (first name, middle name, last name)							nership.	COMPANY NUMBER (only provide if the proprietor is a company)			
PROPRIE	FOR ADDRESS – Must be a resident i	ial address if	the proprietor is an	individ	lual.		I				
2. PROPRIETOR NAME – State the corporate or individual name of the owner in full (first name, middle name, last name)								COMPANY NUMBER (only provide if the proprietor is a company)			
PROPRIE	FOR ADDRESS – Must be a resident	ial address if	the proprietor is an	individ	lual.						
3. PROPRIETOR NAME – State the corporate or individual name of the owner in full (first name, m.						me, last name)		COMPANY NUMBER (only provide if the proprietor is a company)			
PROPRIE	FOR ADDRESS – Must be a resident	ial address if	the proprietor is an	individ	lual.						
4. PROPF	RIETOR NAME – State the corporate o	rindividual na	me of the owner in ful	l (first no	ame, middle na	me, last name)		COMPANY NUM	MBER (only pro	vide if the proprietor is a company)	

PROPRIETOR ADDRESS – *Must be a residential address if the proprietor is an individual.*

REG 707 (AUG 2024)