

STATEMENT OF REGISTRATION GENERAL PARTNERSHIP

Telephone: 1 877 526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Courier Address: 200 – 940 Blanshard Street 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.bcregistryservices.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: A date must be entered. The start date can be up to 2 years in the past, and up to 90 days in the future.

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:

 Name Approval
 \$30.00

 Registration
 \$40.00

 Total
 \$70.00

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.



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Note:	The registration of a busin Partnership Act does not po for that name.	rovide any protect	tion NR	NAME A	APPROVAL NO.	– If known					
	nme and contact inform	-									
FIRST	NAME	MIDDLE	NAME	LAST	NAME						
							CORPORATE REC	GISTRY REGISTRATION	NUM	BER	
STREET			CITY		PROVINCE	POSTAL CODE					
EMAIL							NATIONAL BUSINESS NUMBER				
Please T	YPE or PRINT CLEARLY.										
B. Bus	iness Information										
BUSINES	S ADDRESS – <i>Must be the phy</i>	sical location of t	he business in B.C., r	not just d	a general deli	very, post office box,	rural route, site, o	r comp. number			
STREET					CITY			PROVINCE		POSTAL CODE	
								British Columb	oia		
MAILING STREET	ADDRESS				CITY			PROVINCE		POSTAL CODE	
	S CONTACT INFORMATION ddress - <i>required</i>				Phor	e number - <i>optiona</i>	al	•			
START DATE OF BUSINESS IN BRITISH COLUMBIA YYYYY/MM/DD NATURE OF BUSINESS (North American Industry Classification System co						on System codes	CANADA REVENUE AGENCY BUSINESS NUMBER				
C. Partnership – This is to certify that the persons named in Section C are the only members of this part. 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)			
PROPRIET	FOR ADDRESS – Must be a resi	idential address if	the proprietor is an	individ	lual.						
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)			
PROPRIET	TOR ADDRESS – <i>Must be a resi</i>	idential address if	the proprietor is an	individ	lual.						
3. 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)				
PROPRIET	FOR ADDRESS – <i>Must be a resi</i>	idential address if	the proprietor is an	individ	lual.		L				
4. 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)			
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