



GENERAL INSTRUCTIONS

- A. Name and Return Mailing Address: All correspondence and documents will be mailed to this address.
B. Submitting Party Information: Provide a phone number or fax number (or both) at which the submitting party may be contacted.
C. Registered Business Name and the Corporate Registry Registration Number: Enter the current business name. You can confirm the name and number at the Corporate Registry by contacting the Name Reservation/Partnership Unit at 1 877 526-1526.
D. Change of Membership: List all remaining and new members of the partnership (two minimum), their addresses, and acquire their signatures.
E. Signature: Only one partner is required to sign as authorizing the membership change.

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

Mail this form and payment to:

BC Registry Services
PO Box 9431 Stn Prov Govt
Victoria BC V8W 9V3

If no payment is required, email this form to:

bcregistries@gov.bc.ca

FEE SCHEDULE

Table with 2 columns: Fee Description and Amount. Includes Change Membership of Partnership (\$40.00) and Certified copy of changed Registration (\$25.00).

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.



A. Name and Return Mailing Address for this Document

NAME
ADDRESS
CITY/ PROVINCE/ POSTAL CODE
EMAIL

OFFICE USE ONLY — DO NOT WRITE IN THIS AREA
CORPORATE REGISTRY REGISTRATION NUMBER
NATIONAL BUSINESS NUMBER

- Instructions:
• All sections must be completed.
• Please TYPE or PRINT CLEARLY.

B. Submitting Party Information - Phone and/or fax number(s).

Phone Number: Fax Number:

C. Registered Business Name - Enter current name

Corporate Registry Registration Number

D. Changed Membership - All partners must be listed with their addresses and sign below, or on a separate sheet as indicated.

Choose one: All members are listed below. List of members continues on an additional sheet. All members are listed on an additional sheet.

PARTNER NAME - State corporate or individual name in full (last name, first name & middle initial)

SIGNATURE

X

PARTNER ADDRESS - Must be a residential address if the proprietor is an individual

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SIGNATURE

X

PARTNER ADDRESS - Must be a residential address if the proprietor is an individual

E. Name and Signature of One Partner for Changes Made to Membership

"I certify that the persons named in Section D and any attached sheets are the only members of the partnership."

PARTNER NAME - State corporate or individual name in full (last name, first name & middle initial)

SIGNATURE

X