



Telephone: 1 877 526-1526  
www.bcreg.ca

Mailing Address: PO Box 9431 Stn Prov Govt  
Victoria BC V8W 9V3

Courier Address: 200 – 940 Blanshard Street  
Victoria BC V8W 3E6

PLEASE NOTE:

- Please complete ONLY the sections applicable to the corrections you need to make.
- Read the instructions under each section carefully and remember to sign the form.

GENERAL INSTRUCTIONS

- A Name Approval Number:** Required if you are correcting the business name.
- B Correct the Nature of Business:** Provide the North American Industry Classification System code (NAICS). You can find this information on the Statistics Canada website. 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
- C Correct the Business Name:** Enter the business name. Please have your name reservation approved before submitting this declaration. **To submit your Name Request electronically go to [www.bcregistry.ca/namerequest](http://www.bcregistry.ca/namerequest)**
- D Correct Address(es):** Complete only if the mailing address needs to be corrected.

- E. Correct the Partnership:** Correct partners (Individual person or business) as well as correct the mailing, delivery and email addresses.
- F. 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.
- G Signature:** The proprietor or a partner signs. If a corporation, the signature of a current officer or director with signing authority for the corporation is required. State corporate or individual name in full.

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

Mail this form

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

Email this form to:

bcregistries@gov.bc.ca

FEE SCHEDULE

Correct the Nature of Business:	No charge
Correct the Address(es):	No charge
Correct the Business Name:	No charge

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.



Telephone: 1 877 526-1526
www.bcreg.ca

Mailing Address: PO Box 9431 Stn Prov Govt
Victoria BC V8W 9V3

Courier Address: 200 - 940 Blanshard Street
Victoria BC V8W 3E6

Please fill out everything exactly as it appears on the current registration.

Form with sections: Registered Business Name, Business Type, Business Start Date, Nature of Business, Firm Registry Registration Number, Mailing Address, Delivery Address, Business Contact Information.

Complete only the sections where a correction is required.

A. Name Approval Number - Required if changing the name
NR
B. Correction of Nature of Business - North American Industry Classification System codes (NAICS)

C. Correction of Business Name - Enter new business name (a name reservation is required prior to submitting the change)

D. Correction of Address(es) Only

b) MAILING ADDRESS NEW MAILING ADDRESS
same as a) above or

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



Telephone: 1 877 526-1526 www.bcreg.ca

Mailing Address: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3

Courier Address: 200 - 940 Blanshard Street Victoria BC V8W 3E6

E. General Partnership Corrections - 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 STREET CITY PROVINCE POSTAL CODE

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 STREET CITY PROVINCE POSTAL CODE

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 STREET CITY PROVINCE POSTAL CODE

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 STREET CITY PROVINCE POSTAL CODE

F. Completing party

FIRST NAME MIDDLE NAME LAST NAME

STREET CITY PROVINCE POSTAL CODE

EMAIL

G. LEGAL NAME

Legal name of authorized person

certifies that they have relevant knowledge of the BC Sole Proprietorship or General Partnership and is authorized to make this filing. DATE

Note: it is an offence to make or assist in making a false or misleading statement in a record filed under section 90.4 of the Partnership Act. A person who commits this offence is subject to a maximum fine of \$5,000.