

Change Registration Statement

Form 6(N)
Extraprovincial
Limited Liability Partnership
Partnership Act

New West Partnership Trade Agreement

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 refer to the instructions when completing this Change of Extraprovincial Registration Statement.

Section A: Submitting Party Information (Required)			
Name of Submitting Party: (Last Name, First Name) OR Company Name:	E	mail Addre	ss
Mailing Address: Box/Street Number, City/Town, Province/State, Country and Posta	I/Zip Code	Telephone N	Number including Area Code
Section B: Limited Liability Partnership Information (Required)			
	Hom	e Jurisdictio	on
Current Name of Limited Liability Partnership in British Columbia		Alberta	☐ Saskatchewan
Registration Number in British Columbia	Re	gistration N	Number in Home Jurisdiction
Complete the appropriate fields in Section C to change or upda	ite Limited Liabili	ty Partne	ership information
Section C: Change to Registration Statement Information (Select	the appropriate box[6	es])	
Change Limited Liability Partnership Name New Name of Limited Liability Partnership	Br	itish Colum	bia Name Request Number
☐ Change Limited Liability Partnership Registered Office Address			rect Business Number
New Mailing Address of the Registered Office: Box/Street Number, City/Town, Province, and Postal Code (The Mailing Address must be a location inside of B.C It can be a post office box.)		National Business Number	
New Delivery Address of the Registered Office: Box/Street Number, City/Town, Pro (The Delivery Address must be a physical location inside of B.C. where mail can be accepted or			
Section D: Certified Correct – I have read this form and found it	to be correct	·	
Name of Authorized Siming Authority (Diagramint)	Signature		
Name of Authorized Signing Authority (Please print)	Signature		
	Date Signed (YYYY/M		

Note: Confirmation of registration will be mailed to the Submitting Party and the Attorney for Service by BC Registry Services.



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INSTRUCTION SHEET

Section A: Submitting Party Information		
Name of Submitting Party	Enter the name of the person submitting the change of extraprovincial registration statement.	
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 P	artnership Information	
Current Name of Limited Liability Partnership in British Columbia	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).	
	The name of the Limited Liability Partnership provided must match the name approved on the British Columbia Name Reservation.	
	Ensure the Limited Liability Partnership is active in the home jurisdiction (i.e., home province).	
Home Jurisdiction	Indicate the home jurisdiction (i.e., home province), only one can be selected.	
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).	
Section C: Change to Registr	ation Statement Information	
New Name of Limited Liability Partnership	Enter the new name of the Limited Liability Partnership, the new name of the Limited Liability Partnership must match the name approved on the British Columbia Name Reservation.	
	The new name of the Limited Liability Partnership must be identical to the name of the Limited Liability partnership as registered in the home province.	
British Columbia Name Request Number	Enter the British Columbia Name Request Number only when you are changing the name of the Limited Liability Partnership. The format must be: 'NR' followed by 7 numeric digits. The Name Reservation Number must be active.	
New Mailing Address of the Registered Office	When 'Change Limited Liability Partnership Registered Office Address' is checked off, enter the Limited Liability Partnership Mailing Address if the mailing address has been changed; It must be in British Columbia and may be a post office box. The format must be: Box/Street Number and Street Name, City/Town, Province, and Postal Code.	
New Delivering Address of the Registered Office	When 'Change Limited Liability Partnership Registered Office Address' is checked off, enter the Limited Liability Partnership Delivery Address if the delivery address has been changed; The address must be a physical address in B.C. and accessible to the public from 9:00 a.m. to 4:00 p.m. on business days. The format must be: Box/Street Number, City/Town, Province, and Postal Code.	



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National Business Number	Please check off the 'Correct Business Number' box If the National Business Number (BN) provided in the original Registration Statement is not correct or the BN was not provided. Enter the correct National Business Number the format is 9 numeric digits.
Section D: Certified Correct	
Name of Authorized Signing Authority (Authorized Representative)	Enter the name of the Authorizing Signing Authority, format must be: Last Name, First Name.
Signature	Ensure the change of extraprovincial registration statement for a Limited Liability partnership in British Columbia under NWPTA is signed by the authorized representative.
Relationship to the Extraprovincial Limited Liability Partnership	Enter the relationship to the partnership.
Date Signed	Enter the date the change of extraprovincial registration statement of a Limited Liability partnership in British Columbia under NWPTA is signed. The date should be in the format: YYYY/MM/DD.

• A copy of the completed Change of Extraprovincial Registration Statement will be sent to the submitting party.