



New West Partnership Trade Agreement

Notice of Cancellation
Form 10(N)
Extrajurisdictional
Limited Liability Partnership
Partnership Act

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 complete all sections to cancel an extrajurisdictional Limited Liability Partnership in British Columbia.

Section A: Submitting Party Information

Name of Submitting Party: (Last Name, First Name) OR Company Name:

Email Address

Mailing Address: Box/Street Number, City/Town, Province/State, Country and Postal/Zip Code

Telephone Number including Area Code

Section B: Limited Liability Partnership Information

Name of Limited Liability Partnership

Home Jurisdiction

Alberta

Saskatchewan

Registration Number in British Columbia

Registration Number in Home Jurisdiction

Date of Cancellation: YYYY/MM/DD

Section C: Cancellation of Registration

Submitting this notice confirms the Extrajurisdictional Limited Liability Partnership has ceased to carry on business in British Columbia and hereby requests that its registration in British Columbia be cancelled.

Name of Authorized Signing Authority (Authorized Representative)

X

Signature

Relationship to Partnership

Date Signed: YYYY/MM/DD

Note: Confirmation of the cancellation of the Limited Liability Partnership will be sent to the submitting party 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 or company submitting the Cancellation of extrajurisdictional Limited Liability Partnership.
Mailing Address	Enter a mailing address, format should be - <i>Box/Street Number, City/Town, Province/State, Country and Postal/Zip Code.</i>
Email Address	Enter an email address - <i>optional</i>
Telephone Number including Area Code	Enter a telephone number including the area code - <i>optional</i>
Section B: Limited Liability Partnership Information	
Name of Limited Liability Partnership	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).
	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), <i>only one can be selected.</i>
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).
Date of Cancellation	Enter the date the Extrajurisdictional Limited Liability Partnership ceased to carry on business in British Columbia. The date format should be YYYY/MM/DD.
Cancellation of Registration	
Name of Authorized Signing Authority (Authorized Representative)	The name of the Authorizing Signing Authority is entered in the format: Last Name, First Name.
Signature	Ensure the cancellation of an extrajurisdictional Limited Liability Partnership registered in British Columbia under NWPTA is signed by the authorized representative.
Relationship to Partnership	Enter the relationship to the partnership.
Date Signed	Ensure the cancellation of the extrajurisdictional Limited Liability Partnership in British Columbia under NWPTA is dated by the authorized representative. Date format should be YYYY/MM/DD.

- The completed cancellation statement is to be sent to the submitting party.