



PLEASE RETAIN A COPY FOR YOUR RECORDS. PLEASE TYPE OR PRINT CLEARLY.

NR NAME APPROVAL NO. IF APPLICABLE

OFFICE USE ONLY REGISTRATION NO.

SUBMITTING PARTY NAME AND MAILING ADDRESS. PLEASE INCLUDE POSTAL CODE.

NAME ADDRESS CITY/PROVINCE/POSTAL CODE EMAIL PHONE

INSTRUCTIONS:

Before submitting this form, please ensure the name has been searched for availability for registration. PLEASE NOTE: The registration of a firm name under the Partnership Act does not provide any protection for that name.

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.

DETAILS OF NATURE OF DECLARATION

NEW REGISTRATION AMENDED LIMITED PARTNERSHIP DISSOLUTION DATE QUOTE ORIGINAL REGISTRATION NO.

STATE LIMITED PARTNERSHIP NAME IN FULL

Mailing address, business address, nature of business, registered office, jurisdiction, general partner(s) details.

REGISTRATION FEE \$165 ENCLOSED

PRINT NAME DATE SIGNED

CERTIFICATION - I hereby certify that the persons listed above are the only members of the Limited Partnership.

X