



PLEASE NOTE:

- Read the instructions carefully and remember to sign the form and include the appropriate fee, if applicable.

GENERAL INSTRUCTIONS

REGISTERED OFFICE

1. NEW REGISTRATION/AMEND ADDRESS OF

Complete sections A to H

- A. Indicate the business name under which the Limited Partnership is to be conducted. Note that the name must have the designation "LIMITED PARTNERSHIP"
B. The nature of the business carried on or intended to be carried on.
C. The full name and residential address of each general partner or, in the case of a general partner other than an individual, the name and address in British Columbia.
D. The term for which the limited partnership is to exist.
E. The aggregate amount of cash and the nature and fair value of any other property to be contributed by all of the limited partners.

- F. The aggregate amount of any additional contributions agreed to by made by limited partners and the times at which or events on the happening of which the additional contributions are to be made.
G. The basis on which limited partners are to be entitled to share profits or receive other compensation by way of income on their contribution.
H. Print name of signatory, indicate relationship to limited partnership and sign.

2. DISSOLUTION : Check applicable box, record dissolution date (yyyy/mm/dd) and provide original registration number. Complete Section H.

3. AMENDED LIMITED PARTNERSHIP : Check applicable box and provide original registration number. Complete Section H.

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

Mail this form and payment to: If no payment is required, email this form to:

BC Registry Services bcregistry@gov.bc.ca
PO Box 9431 Stn Prov Govt
Victoria BC V8W 9V3

FEE SCHEDULE

Table with 2 columns: Fee Category and Amount. Rows include Registration (\$165.00), Priority Filing (\$100.00), Dissolve Limited Partnership (No charge), and Certified Copy of dissolved registration or amendment (\$25.00).

Make cheque payable to the Minister of Finance.

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.bcregistryservices.gov.bc.ca

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

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

DECLARATION FOR BRITISH COLUMBIA LIMITED PARTNERSHIP

DOCUMENT CONTROL NO. **DLP**

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

NR

NAME APPROVAL NO. IF APPLICABLE

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

NAME _____

ADDRESS _____

CITY/PROVINCE/
POSTAL CODE _____

EMAIL _____

PHONE _____

OFFICE USE ONLY	R E G I S T R A T I O N N O.
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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. 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.

DETAILS OF NATURE OF DECLARATION

NEW REGISTRATION

AMENDED LIMITED PARTNERSHIP
QUOTE ORIGINAL REGISTRATION NO. _____

DISSOLUTION DATE
YYYY / MM / DD

QUOTE ORIGINAL REGISTRATION NO. _____

A. BUSINESS NAME APPROVED FOR LIMITED PARTNERSHIP

LIMITED PARTNERSHIP (must have designation)

B. ADDRESS OF REGISTERED OFFICE IN B.C. – NOT A P.O. BOX

DESCRIBE THE NATURE OF THE BUSINESS

C. FULL NAME AND ADDRESS OF EACH GENERAL PARTNER

Please indicate if additional sheets attached

D. TERM OF LIMITED PARTNERSHIP

Please indicate if additional sheets attached



E. AGGREGATE AMOUNT OF CASH

Please indicate if additional sheets attached

F. AGGREGATE AMOUNT OF ADDITIONAL CONTRIBUTIONS

Please indicate if additional sheets attached

G. LIMITED PARTNER SHARE OF PROFITS OR OTHER COMPENSATION

Please indicate if additional sheets attached

H. AUTHORIZED SIGNATURE - I have read this form and found it to be correct
PRINT NAME

DATE SIGNED

YYYY / MM / DD

SIGNATURE OF AUTHORIZED SIGNATORY

RELATIONSHIP TO LIMITED PARTNERSHIP

X