Mailing Address: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3 Courier Address: 200 – 940 Blanshard Street Victoria BC V8W 3E6

www.bcreg.ca

STATEMENT OF REGISTRATION GENERAL PARTNERSHIP

PLEASE NOTE:

The registration of a business name under the Partnership Act:

- · does not provide any protection for that name, and
- does not mean that the name will be available if you decide to incorporate a company using this name.

One of the primary reasons for registration of a Partnership is so the public can identify and locate the individuals involved in the business. A partner can be one of the following: an individual, corporation or other corporate entity such as a society, cooperative, etc.

Please have your name reservation approved before submitting this statement of registration. Name Approval Request forms are available from your nearest Service BC Centre, OneStop service delivery location or our website at www.bcreg.ca or by contacting this office.

To submit your Name Approval Request electronically go to www.bcregistrynames.gov.bc.ca

To register your partnership online go to www.bcbusinessregistry.ca

GENERAL INSTRUCTIONS

A. Name and Return Mailing Address:

All correspondence and documents will be mailed to this address.

B. Business Information:

Business Name: Enter the approved business name, not the owner(s) name.

Business Address: The location where the business is to be conducted in British Columbia. Enter the complete physical address. You may include general delivery, post office box, rural route, site or comp. number as part of th address, but the Registry cannot accept this information as a complete address. You must also include a postal code. If an area does not have street names or numbers, provide a description that would readily allow a person to locate your business (e.g., the 2nd house on the left side, 4 miles west on Central County Road, Creston, B.C.).

Mailing Address: Complete only if this address is different from the business address. A post office box or rural route number is acceptable as the mailing address.

Business Contact Information: Provide either an email address, phone number or fax number that the business may be contacted at.

Start Date of Business in British Columbia: A date must be entered. The date may be in the past, present or future.

Nature of Business: Provide a brief description of the nature of business (e.g., corner grocery store, automotive repair service, landscaping, etc.).

C. Partnership: Enter the full corporate or individual name (last name, first name and middle initial) of all the partners. If thereare more than three partners, you may attach an additional statement or a sheet of paper listing the partners' name and address.

If the partner is an individual, the individual must use a residential address.

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

Mail this form to:

BC Registry Services PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3 To register a proprietorship or general partnership:

 $\begin{array}{ll} \text{Name Approval} & \$30.00 \\ \text{Registration} & \$40.00 \\ \text{Total} & \$70.00 \\ \end{array}$

The above fees include one certified copy. Additional certified copies are \$25.00 each.

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

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Victoria BC V8W 3E6

NAME APPROVAL NO. – If known

STATEMENT OF REGISTRATION GENERAL PARTNERSHIP

$N_{\parallel}R_{\parallel}$		
A. Name and Return Mailing Address of person submitting this form		
ADDRESS		
	CORPORATE REGISTRY REGISTRATION	N NUMBER
CITY/ PROVINCE/ POSTAL COd E		
Note: The registration of a business name under the <i>Partnership Act</i> does not provide any protection for that name.	NATIONAL BUSINESS NUMBER	
Please TYPE or PRINT CLEARLY.		
B. Business Information BUSINESS NAME		
BUSINESS ADDRESS - Must be the physical location of the business in B.C., not just a general delivery,	post office box, rural route, site, or co.	mp. number
STREET CITY	PROVINCE	POSTAL CODE
	British Columbia	
MAILING ADDRESS – Complete only if different from Business Address STREET CITY	PROVINCE	POSTAL CODE
BUSINESS CONTACT INFORMATION – email address, phone number or fax number		
START DATE OF BUSINESS IN BRITISH C OLUMBIA DESCRIBE NATURE OF BUSINESS (e.g., grocery store, manufacturing)		
YYYY / MM / d d		
C. Partnership - This is to certify that the persons named in Section C are the only members of this partnership.		
Partner name – State corporate or individual name in full (last name, first name and initial)		
DARTHER ADDRESS. Must be a maid and all address of the appropriate of individual		
PARTNER ADDRESS – Must be a residential address if the partner is an individual.		
2. PARTNER NAME – State corporate or individual name in full (last name, first name and initial)		
2.17/11/1/2/11/4 title Grade Scriptific of managar name in fair fact name, met name and initial		
PARTNER ADDRESS – Must be a residential address if the partner is an individual.		
3. PARTNER NAME – State corporate or individual name in full (last name, first name and initial)		
PARTNER ADDRESS – Must be a residential address if the partner is an individual.		

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