

Declaration of Partnership

Partnership Act

INSTRUCTIONS

Use this form to collect information to submit to an authorized Corporate Registry Provider. The information will be filed with the Registrar of Corporations in accordance with the *Partnership Act*.

NOTE: Filing of a Declaration of Partnership is required mainly to provide proof that the name is in use by a particular business. Filing of the declaration does not give any right of ownership of the name.

To assist you in making an informed decision on the proposed name, an Alberta Business Name Search Report may be obtained and assessed before you file this Declaration.

- Item 1. Enter the partnership/business name.
- Item 2. Enter the type of business.
- Item 3. Enter the business location within Alberta.
- Item 4. Enter the date the partnership began.
- Item 5. Check either (a) or (b). If (a) is checked, enter the expiry date of the partnership.
- Item 6.
 - Enter the last name/corporation name, first name, middle name (optional) of each partner.
 - Enter the occupation of the partner.
 - Enter the residential address of the partner, including the postal code.
 - Enter the mailing address of the partner, including the postal code if it is different from the residential address.
 - Enter the email address of the partner (optional).
- Item 7.
 - No entry is required.
- Item 8.
 - Enter the first and last name of the authorized individual. The middle name is optional.
 - Select the appropriate relationship to the partnership.
 - Enter the telephone number of the signing authority.
 - Enter the email address of the signing authority.
 - Enter the date of submission.
 - Ensure the form is signed.

Note: The authorized representative of the business must present their identification to the Corporate Registry service provider in order to register this information.

This information is collected in accordance with the *Partnership Act*. It is required to declare the existence of a partnership that has been formed for trading or other business purposes. Collection is authorized under s. 33(a) of the *Freedom of Information and Protection of Privacy Act*. Questions about the collection can be directed to Service Alberta Contact Centre: cr@gov.ab.ca or 780-427-7013 (toll-free 310-0000 within Alberta).

1. Partnership Name

2. Type of Business

3. Business Location within Alberta

4. Enter the date the business began

Date (yyyy-mm-dd)

5. Partnership Termination

(a) Termination Date _____
Date (yyyy-mm-dd)

OR

(b) The partnership will exist for an indefinite period.

6. Partners (minimum of two individuals and/or legal entities)

Last Name/Corporation Name	First Name	Middle Name (optional)	
Occupation			
Street/Mailing Address	City/Town	Province	Postal Code
Email address (optional)			

Last Name/Corporation Name	First Name	Middle Name (optional)	
Occupation			
Street/Mailing Address	City/Town	Province	Postal Code
Email address (optional)			

7. Statement

The partners listed in Item 6 confirm they are the only members of this partnership.

8. Authorized Representative/Authorized Signing Authority for the Business

_____	_____
Last Name, First Name, Middle Name	Relationship to Business
_____	_____
Telephone Number	Email Address <i>(optional)</i>
_____	_____
Date of submission <i>(yyyy-mm-dd)</i>	Signature