

**BUSINESS FILING REQUEST**  
The Business Names Registration Act



**A** Effective Date of registration (**Optional**)  
You may request that the registration have an effective date that is up to 30 days in the future from the date that you filed the documents. Documents will be released **on or after** this date. If you wish this option, please enter the requested effective date in the space below. Verbal or other forms of requests will not be honoured. If this date is left blank, the registration will be made effective the date that your documents were received by the Companies Office:

\_\_\_\_\_\ / \_\_\_\_\ / \_\_\_\_\  
Day            Month            Year

**B** Expedited Service required (additional fees required)

**C** Current name of the business

\_\_\_\_\_  
Business Number \_\_\_\_\_ and/or Registry Number \_\_\_\_\_

**D** Identify the form being filed:

Registration

A Request for Name Reservation has been filed. The Reservation Number is \_\_\_\_\_

Change of Business Name

A Request for Name Reservation has been filed. The Reservation Number is \_\_\_\_\_

Dissolution

Other \_\_\_\_\_

**E** Optional: I wish to receive an e-mail notification to the following address when the renewal is due to be filed:

Note: In the event that the e-mail notification is undeliverable, the Renewal will be sent to the Mailing Address on record.

**F** Name and address of sender

Contact person:

Tel(8:00-4:30):

Fee enclosed:

Client Reference Number:

**G** OFFICE REPLY

Forms accepted, your copy is enclosed.

REMARKS \_\_\_\_\_

\_\_\_\_\_

Date

Signature for receipt

Return fee and two copies of forms to:  
Companies Office, 1010-405 Broadway, Winnipeg, MB R3C 3L6

Available in alternate formats, upon request

The Business Names Registration Act  
**CANCELLATION OF REGISTRATION OF A  
LIMITED LIABILITY PARTNERSHIP**



1. Name of Limited Liability Partnership	
2. Name and address to which duplicate should be return (include postal code)	3. Contract person, if different from registrant   Telephone (8:00-4:30)
<p>4. Please select and complete one (1) of the following:</p> <p style="margin-left: 40px;">The Manitoba Limited Liability Partnership requests that the Director cancel its registration as a Manitoba Limited Liability Partnership. The partnership has not been dissolved. (see Note 1).</p> <p style="margin-left: 40px;">The Extra-Provincial Limited Liability Partnership requests that the Director cancel its registration as an Extra-Provincial Limited Liability Partnership in Manitoba.</p>	
<p>5. The signature of a partner is required.  (Important: If the partner is a corporation, the signature of a corporate officer is required.)</p>	
Date	<b>Signature</b>
Office Held _____ (For Corporate Officer)	Partner's name _____

**Note 1:** A general partnership practicing a profession governed by an Act of the Legislature is not required to register under The Business Names Registration Act. However, if the partnership wishes to continue its registration under The Business Names Registration Act, a “Registration of a Business Name” form should be filed in addition to this form. If the partnership has been dissolved, please file a “Dissolution” from instead of this form.