

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 _____

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



1. Name of Limited Liability Partnership	
2. Name and address (include postal code) to which duplicate should be returned, and Renewals will be mailed	3. Contact person, if different from registrant Tel (8:00-4:30)
4. (a) Does this business have a Business Number? Yes No (b) If the answer to (a) is "yes", please set out the Business Number. _____	
5. Registered Office in Manitoba (full address, including postal code)	
6. Separate Post Office Box designated as the partnership's Manitoba address for service by mail (optional)	
7. Complete one of the following The registration is for a Manitoba Limited Liability Partnership. The registration is for an extra-provincial Limited Liability Partnership. The partnership has the status of a Limited Liability Partnership under the laws of _____ Insert Jurisdiction	

8. Complete both (a) and (b)

a) The profession practised by the Limited Liability Partnership is

b) The Limited Liability Partnership is licensed to practise the above profession in Manitoba pursuant to

The Chartered Professional Accountants Act

The Legal Profession Act

9. The name and residence and address of the Manitoba-resident partner designated as the firm's representative with respect to matters relating to the partnership :

Full Name

Residence Address

10. The name and residence address of a second partner, as of the date of registration (inside or outside of Manitoba):

Full Name

Residence Address

11. The business name being registered is not that of another known firm, company, corporation or unincorporated association, or a name liable to be confounded or confused with the other name, or otherwise objectionable on public grounds.

12. The partnership undertakes to keep at the registered office set out in No. 5, such partnership lists as are required by The Partnership Act, and to provide them, without charge and without delay, to any person who requests them.

13. **The signature of a partner is required.**

(Important: If the partner is a corporation, the signature of a corporate officer is required.)

Date

Please print partner's name

Signature

Office Held (For corporate officer)