

The Business Names Registration Act
REGISTRATION OF A LIMITED PARTNERSHIP



PLEASE PRINT OR TYPE.

1) Name of limited 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) The place of business is: (full address, including postal code)
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6) The date of start of business (cannot be more than 30 days in future)
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7) The main type of business is

Declaration:

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.
No other firm, person or corporation is associated in partnership with the registrant(s).
The general partner makes this application and has signed on behalf of all limited partners.

8) Registrant(s)

Full name of general partner(s)

Address

Signature and office held

A schedule is attached with names, addresses and signatures of additional general partners.

Full name of limited partner(s)

Address

Capital contribution (in dollar value)

A schedule is attached with names, addresses and capital contributions of additional limited partners.

OFFICE USE ONLY

Date of Registration: _____

Date of Expiry: _____

Registration Number: _____

Business Number: _____

Cash Register Endorsement