

REMOTE SERVICE REQUEST FORM

REQUESTERS INFORMATION

LAST NAME		FIRST NAME	
ADDRESS			
CITY		PROV/STATE	POSTAL / ZIP
PHONE	FAX	E-MAIL ADDRESS	
PAYMENT TYPE (CIRCLE) VISA / M/C / CHEQUE / MO <small>MAIL IN SERVICE ONLY</small>		CREDIT CARD INFORMATION (IF APPLICABLE)	
DELIVERY METHOD (CHECK OFF PREFERENCE) <input type="checkbox"/> REGULAR MAIL/COURIER (ADDITIONAL FEE - CIRCLE) <input type="checkbox"/> E-MAIL (IF POSSIBLE) (NO ADDITIONAL FEE) <input type="checkbox"/> FAX (NO ADDITIONAL FEE) <input type="checkbox"/> LONG DISTANCE FAX (ADDITIONAL FEE)		CREDIT CARD NUMBER	
		ISSUED TO	
		EXPIRY DATE (MM/YY)	CVV (SECURITY CODE)
APPLICANT'S SIGNATURE (REQUIRED)		CREDIT CARD HOLDER'S SIGNATURE (REQUIRED IF APPLICABLE) I AUTHORIZE WEST-END / CALLINGWOOD REGISTRIES TO USE MY CREDIT CARD FOR THE SERVICES REQUESTED	

Amendment To Declaration Of Partnership

Partnership Act

Name of Partnership

Registration Number

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We, the persons named as partners in the Declaration of Partnership **declare that:**

1. The partnership name indicated above has been changed to

New Name of Partnership

2. The current partners are *(if more than two partners please attach a list):*

(a) _____

Name in Full

Home Address in Full

Identification

(b) _____

Name in Full

Home Address in Full

Identification

3. Do the names above reflect :

a change of partners? Yes No

a change of home address of partner? Yes No

4. Date of declaration: _____

Year / Month / Day

This information is being collected for the purposes of corporate registry records in accordance with the Partnership Act. Questions about the collection of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for Alberta Registries, Research and Program Support, 3rd Floor, Commerce Place, 10155 - 102 Street, Edmonton, Alberta T5J 4L4, (780) 422-7330.

Amendment To Declaration Of Partnership

PARTNERSHIP ACT

INSTRUCTIONS

The Declaration of Partnership may be amended in the following three areas:

- a) the name of the firm,
- b) the membership of the partnership,
- c) the home address of any partner.

NOTE: Amendment to Declaration of Partnership must state only the change that has taken place.

The name of the partnership and registration number must be completed.

Item 1. If the name of the partnership is being changed, state the new name of the partnership.

If the name is not being changed, leave this item blank.

Item 2. Each partner must enter their full name, complete home address and identification. If there are more than two partners, attach a list of additional partners.

Item 3. Answer either "Yes" or "No" to these questions.

Item 4. The date the declaration was filed by the partners.

When the information is submitted to your service provider, identification of the authorized person/officer/director/declarant will be required.