

Declaration Of Dissolution Of Partnership

Partnership Act

I, _____
Name of Declarant

of _____
Home Address in Full

declare that:

1. I was a member of the partnership carrying on business under the name of

Name of Business

at _____ under the registration number _____, located

Address of Business

2. The partnership was dissolved on _____
Day / Month / Year

Name of Declarant *(please print)*

Identification

Date of Declaration

Name of Witness *(please print)*

Identification

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.

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PARTNERSHIP ACT

INSTRUCTIONS

The Declaration Of Dissolution Of Partnership must state:

- Item 1:
- that the declarant was a member of the partnership;
 - the business name of the partnership, registration number, and business address.
- Item 2:
- that the partnership is dissolved and the date on which it was dissolved.

The following information must be included:

- name of declarant authorizing (director/authorizing officer)
- name of witness
- identification
- date

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