

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	

Declaration Of Partnership

Partnership Act

We, _____
Name of Declarant

Name of Declarant

declare that:

1. We are carrying on or intend to carry on the business of

Type of Business

in _____, in the Province of Alberta, under the name
City, Town, Village

of _____
Business Name

2. The said partnership has existed since _____, and that the
Day / Month / Year

partnership will exist; (a) until _____
Day / Month / Year

(b) for an indefinite period.

3. The persons named in the declaration are the sole members of the partnership.

4. Date of declaration _____
Day / Month / Year

5. Name, Address, Occupation and Identification of Partners *(If more than two partners, please attach a list)*

Name: _____

Resident
Address: _____
City, Town, Village Province Postal Code

Occupation: _____

Identification

Name: _____

Resident
Address: _____
City, Town, Village Province Postal Code

Occupation: _____

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.

Declaration Of Partnership

PARTNERSHIP ACT

INSTRUCTIONS

The Declaration of Partnership must contain the following information:

- Item 1:
 - Type of Business
 - City, Town, Village where the business is located
 - Business Name of the partnership

- Item 2: The date the partnership came into existence. Check either (a) or (b). If (a) is checked, enter the expiry date of the partnership.

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

- Item 5: The name, resident address, occupation and identification of all partners.
The resident address must include the city, town or village and postal code.
If there are more than two partners, attach a list of the additional partners.

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

NOTE: Filing of a Declaration of Partnership is required mainly to provide proof that the name is in use by a particular business. Filing of the declaration does not give any right of ownership of the name.

To assist you in making an informed decision on the proposed name, an Alberta Business Name Search Report should be obtained and assessed before you file this Declaration.