

Instructions
Declaration of Partnership
Partnership Act
Form 203

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 signed by the partners.

Item 5: The name, resident address, occupation and signature of all partners.

Note: 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.
The form be printed or typed clearly for us to be able to easily read.

Note: **Filing 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 Search Report (NUANS) should be obtained and assessed before you file this Declaration.

Please print two copies of the Declaration of Partnership form and submit.

Declaration of Partnership

Partnership Act
Form 203

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 Signature of Partners (If more than two partners, please attach a list.)

Name: _____

Resident Address: _____
(Full Address) Province Postal Code

Occupation: _____

Signature of Partner

Name: _____

Resident Address: _____
(Full Address) Province Postal Code

Occupation: _____

Signature of Partner

This information is being collected for the purposes of corporate registry records in accordance with the Partnership Act.