



PLEASE NOTE:

- **The registration of a business name under the *Partnership Act*:**
 - does not provide any protection for that name, and
 - does not mean that the name will be available if you decide to incorporate a company using this name.
- **Please complete ONLY the sections applicable to the change you need to make.**
- **Read the instructions under each section carefully and remember to sign the form and include the appropriate fees if applicable.**

GENERAL INSTRUCTIONS

A. Name and Return Mailing Address:

All correspondence and documents will be mailed to this address.

B. Business Contact Information: Provide either an email address, phone number or fax number that the business may be contacted at.

C. Registered Business Name and the *Corporate Registry Registration Number*: Enter the current business name. You can confirm the name and number at the Corporate Registry by contacting the Name Reservation/Partnership Unit at 1 877 526-1526.

D. Notification of the Dissolution of Partnership:

Date of Dissolution: May be a past, present, or future date.

If you are dissolving the partnership, please complete sections A, B, C and D only and sign your name in Section H.

E. Change in Nature of Business: Provide a brief description of the new nature of business (e.g., corner grocery store, automotive repair service, landscaping, etc.).

F. Change of Business Name: Enter the **new** business name. Please have your name reservation approved before submitting this declaration. Name Approval Request forms are available from the nearest Service BC Centre or by contacting this office.

G. Change of Address(es) Only: Complete the applicable box(es).

- a) Business address must be a complete physical address.
You may include general delivery, post office box, rural route, site or comp. number as part of the address, but the Registry

cannot accept this information as a complete address.

You must also include a postal code. If an area does not have street names or numbers, provide a description that would readily allow a person to locate you (e.g., the 2nd house on the left side, 4 miles west on Central County Road, Creston, BC).

- b) Complete only if the mailing address has changed. If the address has changed and is the same address as the business address change in section G a), check the box. If different, enter new address. If the mailing address is changed, a post office box or rural route number is acceptable.

- c) If the partner is an individual, the individual must use a residential address. If you are changing the address of a partner, please include the name of that partner.

H. Signature: Required for sections D, E, F or G.

Dissolution and Changes: Only one partner must sign.

If a corporation, the signature of a current officer or director with signing authority for the corporation is required. State corporate or individual name in full.

I. Change in Membership of a Partnership Only:

Enter the name and address of all remaining and new partners. If the partner is an individual, the individual must use a residential address. All partners must sign. If there are more than two partners, you may attach an additional declaration or a sheet of paper listing the partners' name, address and signature.

If a partner is a corporation, the signature of a current officer or director with signing authority for the corporation is required. State corporate or individual name in full.

FEE SCHEDULE

Dissolutions:	No charge
Change of Nature of Business:	No charge
Change of Address(es):	No charge
Name Approval Fee:	\$30.00
Change of Business Name:	\$40.00
Change of Membership:	\$40.00
Certified copies of Dissolution or Change to Address/Nature of Business:	\$25.00

Make cheque payable to the Minister of Finance.

If you need assistance to complete this form, please phone **1 877 526-1526**.

Mail this form to:

BC Registry Services
PO Box 9431 Stn Prov Govt
Victoria BC V8W 9V3

Freedom of Information and Protection of Privacy Act (FOIPPA):

Personal information provided on this form is collected, used and disclosed under the authority of the *FOIPPA* and the *Partnership Act* for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Executive Coordinator of the BC Registry Services at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.



NAME APPROVAL NO. – If applicable

N R

A. Name and Return Mailing Address for this Document

NAME	
ADDRESS	
CITY/ PROVINCE/ POSTAL CODE	

Note: The registration of a business name under the *Partnership Act* does not provide any protection for that name.

Instructions:

- Sections A, B, C and H must be completed.
- Sections D to I: Complete only the sections where a change is required.
- Please **TYPE** or **PRINT CLEARLY**.

CORPORATE REGISTRY REGISTRATION NUMBER

NATIONAL BUSINESS NUMBER

B. Business Contact Information – Email address, phone number or fax number

C. Registered Business Name – Enter current name, not new name of business

Corporate Registry Registration Number

D. Date of Dissolution of Partnership

Complete only if you want to
dissolve the business

YYYY MM DD

E. Change in Nature of Business

F. Change of Business Name – Enter new business name (a name reservation is required prior to submitting the change)

G. Change of Address(es) Only

a) BUSINESS ADDRESS IN BRITISH COLUMBIA – **Must be the physical location of the business**, not just a general delivery, post office box, rural route, site, or comp. number

b) MAILING ADDRESS NEW MAILING ADDRESS

☐ same as a) above or

c) PARTNER NAME AND ADDRESS – Use this section to change the address of an existing partner – **Must be a residential address if the partner is an individual.** (Attach additional sheet if necessary.)

H. Name and Signature of partner for changes made to Sections D, E, F, or G

PARTNER NAME – State corporate or individual name in full (last name, first name & middle initial)

SIGNATURE

X

I. Change in Membership of a Partnership Only – We hereby certify that the persons named in Section I are the only members of this partnership. (Attach additional sheets if necessary.)

PARTNER NAME – State corporate or individual name in full (last name, first name & middle initial)

SIGNATURE

X

PARTNER ADDRESS – **Must be a residential address if the partner is an individual**

PARTNER NAME – State corporate or individual name in full (last name, first name & middle initial)

SIGNATURE

X

PARTNER ADDRESS – **Must be a residential address if the partner is an individual**