

Declaration of Dissolution of Partnership

Partnership Act Section 116

This information is collected in accordance with the *Partnership Act*. A declaration is required when a registered partnership has been dissolved. Collection is authorized under s. 33(a) of the *Freedom of Information and Protection of Privacy Act*. Questions about the collection can be directed to Service Alberta Contact Centre: cr@gov.ab.ca or 780-427-7013 (toll-free 310-0000 within Alberta).

1.	Partnership Name			2. Partnership Registration Number			
3.	Date of Dissolution of Partnership						
	Date (yyyy-mm-dd)						
4.	Submitting Partner (must be a registered partner)						
	Last Name/Corporation Name	First Name		Mid	Middle Name (optional)		
	Street Address		City/Town		Province	Postal Code	
5.	Statement						
	Name of Partner confirms that the partnership						
	Partnership Name is dissolved.						
	Date of Signature (yyyy-mm-dd)			Date of Signature (yyyy-mm-dd)			
	Name of Partner			Name of Witness			
	Partner Signature			Witness Signature			
	Authorized Representative/Authoriz	ed Signing Au	thority for the Busi	iness			
	Last Name, First Name, Midd	_	Relationship to Business				
	Telephone Number		Email Address (optional)				
	Date of submission (yyyy-m		Signature				

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INSTRUCTIONS

Use this form to collect information to submit to an authorized <u>Corporate Registry Provider</u>. The information will be filed with the Registrar of Corporations in accordance with the <u>Partnership Act</u>.

- Item 1. Enter the partnership name.
- Item 2. Enter the partnership registration number.
- Item 3. Enter the date of dissolution of the partnership.
- Item 4. Enter the last name/corporation name, first name, and middle name (optional) of the submitting partner.
 - · Enter the address of the submitting partner, including the postal code.
- Item 5. The partner's name is automatically copied from another section of form.
 - · Ensure the submitting partner signs the statement.
 - · Ensure the name and signature of the witness are supplied.
- Item 6. Enter the first and last name of the authorized individual. The middle name is optional.
 - Select the appropriate relationship to the corporation.
 - · Enter the telephone number of the signing authority.
 - · Enter the email address of the signing authority.
 - · Enter the date of submission.
 - · Ensure the form is signed.

Note: The authorized representative of the business must present their identification to the Corporate Registry service provider in order to register this information.