

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. Registered Business Name and the *Registration Number*:

Enter current business name. You can confirm the name and number at the Corporate Registry by contacting the Name Reservation/Partnership Unit at 250 356-2893 or from Greater Vancouver only at 604 775-1044.

C. Notification of the Dissolution of Partnership or Proprietorship:

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

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

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

E. 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 Government Agent Office or by contacting this office.

F. Change of Address(es): Complete the applicable box(es). Business, residential or registered addresses must be a complete physical address. If you are changing the residential or registered office address of a partner, please include the name of that partner. 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). If the mailing address is changed, a post office box or rural route number is acceptable.

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

Dissolution and Changes: If a proprietorship, the proprietor signs. If a partnership, 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.

H. Change in Membership of a Partnership Only:

Please note that a change of membership applies **only** to a partnership. A change of membership requires that at least one original member remains. Enter the name and address of all remaining and new partners. 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.

If you need assistance to complete this form, please phone **250 356-2893** or **604 775-1044** (Greater Vancouver only).

Mail white and canary copies of this form to:

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

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.	

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 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

Phone: 250 356-2893 or
604 775-1044 (Greater Vancouver only)

NAME APPROVAL NO. – *If applicable*

N R

CORPORATE REGISTRY	REGISTRATION NO.
GOVERNMENT AGENT	

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 and B must be completed by all.
- Sections C to H: Complete only the sections where a change is required.
- Please **TYPE** or **PRINT CLEARLY**. Press firmly – you are making three copies.

B. Registered Business Name – <i>Enter current name, not new name of business</i>	Registration Number
_____	_____

C. Date of Dissolution of Partnership or Proprietorship Complete only if you want to dissolve the business	D. Change in Nature of Business
_____ YYYY / MM / DD	_____

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

F. Change of Address(es)

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

c) RESIDENTIAL OR REGISTERED ADDRESS – **Must be a physical location**, if this is a change to a partnership, please indicate the name of the partner

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

PROPRIETOR/PARTNER NAME – <i>State corporate or individual name in full (last name, first name & middle initial)</i>	SIGNATURE
_____	X

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

PARTNER NAME – <i>State corporate or individual name in full (last name, first name & middle initial)</i>	SIGNATURE
_____	X

RESIDENTIAL OR REGISTERED ADDRESS – **Must be a physical location**, CANNOT be just a general delivery, post office box, rural route, site, or comp. number

PARTNER NAME – <i>State corporate or individual name in full (last name, first name & middle initial)</i>	SIGNATURE
_____	X

RESIDENTIAL OR REGISTERED ADDRESS – **Must be a physical location**, CANNOT be just a general delivery, post office box, rural route, site, or comp. number
