Acrobat Reader 6.0 or higher is required to complete, save & submit this form. Print Form Filing Instructions

Declaration of Dissolution of Partnership

Partnership Act

I, _____
Name of Declarant

of _____
Home Address in Full

declare that:

1. I was a member of the partnership carrying on business under the name of

   _____
   Name of Business

   under the registration number _____, located at

   _____
   Address of Business

2. The partnership was dissolved on _____
   Day / Month / Year

_____ Name of Declarant *(please print)*

_____ Identification

_____ Date of Declaration

_____ Name of Witness *(please print)*

_____ 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 the Alberta Government, Box 3140, Edmonton, Alberta T5J 2G7, (780) 427-7013.

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Declaration of Dissolution of Partnership

PARTNERSHIP ACT

INSTRUCTIONS

The Declaration of Dissolution of Partnership must state:

Item 1:
- that the declarant was a member of the partnership;
- the business name of the partnership, registration number, and business address.

Item 2:
- that the partnership is dissolved and the date on which it was dissolved.

The following information <u>must</u> be included:

- name of declarant authorizing (director/authorizing officer)
- name of witness
- identification
- date

REG3035 (2003/05)