

This information is collected in accordance with the *Partnership Act*. It is required to declare the existence of a partnership that has been formed for trading or other business purposes. 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

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2. Type of Business

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3. Business Location within Alberta

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4. Enter the date the business began

Date (yyyy-mm-dd)

5. Partnership Termination

(a) Termination Date _____
Date (yyyy-mm-dd)

OR

(b) The partnership will exist for an indefinite period.

6. Partners (minimum of two individuals and/or legal entities)

Last Name/Corporation Name	First Name	Middle Name (optional)	
Occupation			
Street/Mailing Address	City/Town	Province	Postal Code
Email address (optional)			

Last Name/Corporation Name	First Name	Middle Name (optional)	
Occupation			
Street/Mailing Address	City/Town	Province	Postal Code
Email address (optional)			

7. **Statement**

The partners listed in Item 6 confirm they are the only members of this partnership.

8. **Authorized Representative/Authorized Signing Authority for the Business**

_____	_____
Last Name, First Name, Middle Name	Relationship to Business
_____	_____
Telephone Number	Email Address (<i>optional</i>)
_____	_____
Date of submission (<i>yyyy-mm-dd</i>)	Signature