



FILED – DÉPÔT

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File : _____

Date : _____

REGISTRAR OF CORPORATIONS
REGISTRAIRE DES SOCIÉTÉS

**PARTNERSHIP AND BUSINESS NAMES ACT
APPLICATION TO RENEW PARTNERSHIP**

1) NAME OF PARTNERSHIP

2) Six digit registration number

3) Is the current name of the Partnership the same as the last notice filed with the Registrar of Corporations? YES
NO
a. **IF NO:** Provide the exact new Partnership name.
b. A Northwest Territories Name Search and Reservation Form: _____ was submitted previously _____ is attached (\$25.00)

4) Is the current address of the Partnership the same as the last notice filed with the Registrar of Corporations? YES
NO
a. **IF NO:** Provide the exact current address with complete postal AND physical address(es)
(eg. house and street number or Lot, Block & Plan) include address, municipality, territory/province, and postal code.

5) Is the nature of business carried on by the Partnership the same as the last notice filed with the Registrar of Corporations? YES
NO
a. **IF NO:** Provide a clear description of the current nature of business.

6) Are the current addresses of the partners the same as the last notice filed with the Registrar of Corporations? YES
NO
a. **IF NO:** Provide the exact corporation(s) OR individual(s) name(s) with complete postal AND physical address(es).
(eg. house and street number or Lot, Block & Plan) include address, municipality, territory/province, and postal code.

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NAME OF PARTNERSHIP

7) Are the current partners the same as the last notice filed with the Registrar of Corporations? YES
IF NO: complete section(s) a. and/or b. accordingly: NO

a. The following person(s) **became** partners
Provide the exact becoming corporation(s) OR individual(s) name(s) with complete postal AND physical address(es).
(eg. house and street number or Lot, Block & Plan) include address, municipality, territory/province, and postal code.

b. The following person(s) **ceased** to be partners
Provide the exact ceased corporation(s) OR individual(s) name(s).

8) The following person(s) are the **current** partners
Provide **all** exact current corporation(s) OR individual(s) name(s) with complete postal AND physical address(es).
(eg. house and street number or Lot, Block & Plan) include address, municipality, territory/province, and postal code.

IF REQUIRED: Clearly labelled schedule(s) of additional information is/are attached. Ensure ALL necessary information is provided.
eg. 'Schedule of New Partner(s) and Address(s)', 'Schedule of Additional Partner Signatures', 'Schedule to Section Number ...'

WE HEREBY DECLARE that this application to renew is made under Section 49(2) of the *Partnership and Business Names Act*, and that the information set forth in this application is true.

Dated this _____ day of _____, 20_____.

ALL PARTNERS MUST SIGN
★Forms with original signatures must be submitted. (Scans, photocopies etc. cannot be accepted)

Per: _____
(original signature of partner/authorized officer of corporation)

Per: _____
(original signature of partner/authorized officer of corporation)

Per: _____
(original signature of partner/authorized officer of corporation)