



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	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

6. Authorized Representative/Authorized Signing Authority for the Business

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

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INSTRUCTIONS

Use this form to collect information to submit to an authorized [Corporate Registry Provider](#). The information will be filed with the Registrar of Corporations in accordance with the *Partnership Act*.

- 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.