

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.