



Please Note: Corporate Registries cannot currently be processed through our website, as identification must be presented

## 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.*