

**Registration Statement**  
Alberta Limited Partnership Registering Extra-Provincially in British Columbia

**Submitting Party Information**

*(Required information: must be an individual; the name and address must be provided)*

\_\_\_\_\_  
Last Name, First Name

\_\_\_\_\_  
**Mailing Address:** Box/Street, City, Province/State, Country and Postal/Zip Code

\_\_\_\_\_  
Telephone Number, including area code

\_\_\_\_\_  
E-mail Address

**Limited Partnership Information**

\_\_\_\_\_  
Name of Limited Partnership *(required)*

**Home Jurisdiction: Alberta**

\_\_\_\_\_  
Registration Number in Alberta *(required)*

\_\_\_\_\_  
Registration Date in Alberta *(required)*

\_\_\_\_\_  
BC Name Request Number (NR), if obtained

\_\_\_\_\_  
Federal Business Number (BN9), if obtained *(Note to accredited users: Insert this number on Street 3 of the LP Mailing Address of the CORES registration screen)*

**Limited Partnership Mailing Address** *(Required information: the mailing address must be an address where mail can be received, whether a post office box or physical location. This address may be inside or outside of BC.)*

\_\_\_\_\_  
Box/Street, City/Town, Province/State, Country and Postal/Zip Code

**General Partner Information**

*(Required information: can be one or more; the name and address must be provided)*

**(1)**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name, if any

\_\_\_\_\_  
**OR** Company Name

\_\_\_\_\_  
**Address** (must be a physical address whether inside or outside of BC): Street, City, Province/State, Country and Postal/Zip Code

**(2)**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name, if any

\_\_\_\_\_  
**OR** Company Name

\_\_\_\_\_  
**Address** (must be a physical address whether inside or outside of BC): Street, City, Province/State, Country and Postal/Zip Code

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**British Columbia Attorney for Service**

*(Required information: the attorney may be an individual resident in BC or a company incorporated in BC; can be one or more; the attorney name and **both** the mailing and delivery addresses must be provided)*

**(1)**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name, if any

\_\_\_\_\_  
**OR** Company Name

\_\_\_\_\_  
**Attorney Mailing Address** (must be in BC; can be a post office box): Street, City, Province, Country and Postal Code

\_\_\_\_\_  
**Attorney Delivery Address** (must be a physical location in BC): Street, City, Province, Country and Postal Code

**(2)**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name, if any

\_\_\_\_\_  
**OR** Company Name

\_\_\_\_\_  
**Attorney Mailing Address** (must be in BC; can be a post office box): Street, City, Province, Country and Postal Code

\_\_\_\_\_  
**Attorney Delivery Address** (must be a physical location in BC): Street, City, Province, Country and Postal Code

*Note: Confirmation of the registration in British Columbia will be issued by the British Columbia registrar.*

\_\_\_\_\_  
Name of Authorized Signing Authority (Authorized Representative)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (Relationship to Partnership)

\_\_\_\_\_  
Date Signed

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**INSTRUCTIONS**

**This form is used to complete the extra-provincial registration of an Alberta limited partnership in British Columbia in compliance with the provisions of the Trade, Investment and Labour Mobility Agreement (TILMA).**

Submitting Party Information

- Enter the name, complete mailing address and telephone number of the submitting party. The submitting party must be an individual.

Limited Partnership Information

- Enter the name of the limited partnership.
- Enter the registration number in Alberta.
- Enter the date of registration in Alberta.
- Enter the Name Request Number, if obtained.
- Enter the federal business number, if obtained.
- Enter the mailing address of the limited partnership.

General Partner Information

- Enter the name and address of the general partner. A general partner can either be an individual or a company. Enter each general partner separately.

British Columbia Attorney for Service

- Enter the full name of attorney. The attorney may be an individual resident in BC **or** a company incorporated in BC. Enter each attorney separately.
- Enter the full attorney mailing address. The mailing address must be in BC and can be a post office box.
- Enter the full attorney delivery address. The location must be in BC and accessible to the public from 9:00 am to 4:00 pm on business days. The delivery address cannot be a post office box.

The form must include:

- The name of the authorized signing authority (authorized representative)
- Title (relationship to partnership)
- Signature
- Date signed
- \$30.00 Name Examination fee. Make cheque payable to the Minister of Finance of Alberta. (Name Examination fee is not required when the extra-provincial Name Request Number is provided on the form.)

**Corporate Registry Mailing Address**

Corporate Registry  
Service Alberta  
PO Box 1007 Station Main  
Edmonton, Alberta T5J 4W6

**Corporate Registry Contact Information**

(780) 427-7013 (Edmonton area callers)  
310-000 followed by 427-7013 (toll-free outside  
Edmonton)