

Information

Name of Limited Liability Partnership: _____

Registered Office in Nova Scotia:

_____ (civic number and street) _____ (apt/suite/unit)

_____ (town or municipality) NS _____ (postal code)

Mailing Address (if different from above):

_____ (number and street, PO Box, etc.) _____ (apt/suite/unit)

_____ (town or municipality) _____ (province or state) _____ (postal code)

Attention to: _____

Choose one of the following:

The registration is for a Nova Scotia Limited Liability Partnership

The registration is for an extra-provincial Limited Liability Partnership

If an EP, Name of Jurisdiction: _____

The partnership carries on business in Nova Scotia only for the purpose of practicing the following profession:

The information in this box will not be made available to the public.

Does this partnership already have a Business Number (HST/GST number or payroll number) from Canada Revenue Agency (CRA)? Yes No

If you know your business number, enter it here: _____ (CRA Number)

Please provide contact information where you can be reached during business hours:

Phone Number: _____

Email Address: _____

Recognized Agent

The Recognized Agent must be a resident of Nova Scotia, with a civic and mailing address in Nova Scotia. Service upon the Recognized Agent of any writ, summons, process, notice or other document shall be deemed to be sufficient upon the company, and this appointment shall remain in force until notice in writing by the business that the individual has ceased to be the Recognized Agent is filed with the Registry.

Recognized Agent: _____
(first and last name)

Civic Address in Nova Scotia:

(civic number and street) *(apt/suite/unit)*

(town or municipality) NS _____
(postal code)

Mailing Address (if different from above):

(number and street, PO Box, etc.) *(apt/suite/unit)*

(town or municipality) NS _____
(postal code)

Partner Information

Partner: _____
(first and last name)

Residential Address _____
(number and street, PO Box, etc.) *(apt/suite/unit)*

(town or municipality) _____ *(province or state)* _____ *(postal code)*

Partner: _____
(first and last name)

Residential Address

(number and street, PO Box, etc.) *(apt/suite/unit)*

(town or municipality) _____ *(province or state)* _____ *(postal code)*

NOTE: For Extra-provincial LLPs, two Nova Scotia partners must be listed.

Declaration

I claim that the information on this form is true and authorize an of the government departments and agencies using the Nova Scotia Business Registry system to access and use the information on this form for program purposes.

Signature of partners:

Date signed:

_____	_____	_____
<i>(print or type name)</i>	<i>(signature)</i>	<i>(year/month/day)</i>
_____	_____	_____
<i>(print or type name)</i>	<i>(signature)</i>	<i>(year/month/day)</i>