



**Application for Registration of a Limited Liability Partnership
Partnership and Business Name Registration Act**

**SERVICE NOVA SCOTIA &
MUNICIPAL RELATIONS**
Registry of Joint Stock Companies

Information

Please type or print.

Name of Limited Liability Partnership: _____

Registered office in Nova Scotia: _____
(civic number and street) *(apt/suite/unit)*

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

Mailing address (if different from above): _____
(number and street, PO box, etc.)

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

Attention: _____ (first name and middle initial) _____ (last name)

Complete one of the following:

- The registration is for a Nova Scotia Limited Liability Partnership
- The registration is for an extra-provincial Limited Liability Partnership

Name of Jurisdiction: _____

The partnership carries on business in Nova Scotia only for the purpose of practising 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 the Canada Revenue Agency (CRA)?

If yes, check box

If you know what the number is, enter it here: _____
(CRA number)

Please provide contact information for the partnership: _____
(telephone number)

_____ (fax number) _____ (e-mail address)

Recognized Agent

The Recognized Agent must be resident 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 partnership and this appointment shall remain in force until notice in writing by the partnership that the individual has ceased to be the Recognized Agent is filed with the Registry.

Recognized agent: _____
(first name and middle initial) *(last name)*

Civic address in Nova Scotia: _____
(civic number and street) *(apt/suite/unit)*

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

Mailing address (if different from above): _____
(number and street, PO box, etc.) *(apt/suite/unit)*

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

Partner Information

Names and residential addresses of two partners of the partnership.

Partner: _____
(first name and middle initial) *(last name)*

Residential address: _____
(civic number and street) *(apt/suite/unit)*

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

Partner: _____
(first name and middle initial) *(last name)*

Residential address: _____
(civic number and street) *(apt/suite/unit)*

_____ *(town or municipality)* _____ *(province)* _____ *(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 any government departments and agencies using the Nova Scotia Business Registry system to access and use the information on this form for program purposes.

Names of Partners

Signatures of Partners

Date Signed
