

# 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.*

# Declaration of Dissolution of Partnership

PARTNERSHIP ACT

## INSTRUCTIONS

**The Declaration of Dissolution of Partnership must state:**

- Item 1:
- that the declarant was a member of the partnership;
  - the business name of the partnership, registration number, and business address.
- Item 2:
- that the partnership is dissolved and the date on which it was dissolved.

**The following information must be included:**

- name of declarant authorizing (director/authorizing officer)
- name of witness
- identification
- date