

ADDITIONAL INFORMATION FORM: Partnership Registration

The following information must accompany your partnership registration forms that are being sent to Corporate Registry

1) Information on the Business Number (BN)

A. If your partnership has an existing BN, please provide it _____

You will have a BN if:

You have a Canada Revenue Agency (CRA) GST/HST account, an Import/Export account or a Payroll account.

Your business is incorporated.

Your organization is a registered charity.

B. Where the partnership does not have an existing Business Number (BN), Service New Brunswick will obtain one on your behalf.

If you are unsure if your business has a BN or you require information regarding the BN, please call the CRA at 1 800 959-5525 [French version 1 800 959-7775] or visit <http://www.cra-arc.gc.ca/bn/>

2) Additional Information

A. Language preference for correspondence:

English

French

B. Person to contact regarding the application:

Name: _____

Position: _____

Telephone Area Code: _____ Telephone Number: _____

Fax Area Code: _____ Fax Number: _____

Email: _____

The above information is used to generate or confirm the BN, which serves as a common identifier for federal and provincial purposes. The Government of New Brunswick and the CRA have agreed to use the BN as a common business identifier. Over the coming months the New Brunswick government will continue to phase in use of the BN with provincial departments and agencies.

The following information, collected on the above form and on Service New Brunswick Corporate Registry forms will be sent to the CRA to confirm or create a BN:

- business or corporate name
- registration or incorporation dates
- owner or director names and their phone and fax numbers
- ownership type; physical and mailing address
- business phone and fax numbers
- contact names and their phone and fax numbers
- language preference

This information, including the BN, will also be retained in the Business Registration Service information system of SNB for administrative purposes and to facilitate future registrations. Corporate Registry will retain the BN, as well as information set out on its forms.

CERTIFICATE OF PARTNERSHIP OR CERTIFICATE OF RENEWAL OF PARTNERSHIP
 CERTIFICAT DE SOCIÉTÉ EN NOM COLLECTIF OU CERTIFICAT DE RENOUVELLEMENT DE SOCIÉTÉ EN NOM COLLECTIF

THE PARTNERSHIPS AND BUSINESS NAMES REGISTRATION ACT (SECTION 3 OR 3.1)
 LOI SUR L'ENREGISTREMENT DES SOCIÉTÉS EN NOM COLLECTIF ET DES APPELLATIONS COMMERCIALES (ARTICLE 3 OU 3.1)

1. Firm Name / Raison sociale		Telephone / Téléphone	
2. Mailing Address / Adresse postale		Postal Code / Code postal <input style="width: 100%;" type="text"/>	
3. Principal Business Address (if different than mailing address) Adresse d'affaires principale (si l'adresse est différente de l'adresse postale)		Postal Code / Code postal <input style="width: 100%;" type="text"/>	
4. Date of establishing partnership Date de constitution de la société en nom collectif D/J M Y/A	Check if Renewal Cocher s'il s'agit d'un renouvellement <input type="checkbox"/>	5. Principal business activity carried on / Activité principale	
6. The names and particulars of present members of the partnership are as follows: / Les noms des membres actuels de la société en nom collectif ainsi que les détails à leur sujet sont comme suit :			
A. Name in full / Nom au complet	B. Occupation / Profession	C. Residential address or address for service / Adresse résidentielle ou adresse pour fin de signification	D. Signature

- If members of the partnership do not personally sign in item 6D, please complete the attached Certification of Signing Authority.
 - Veuillez remplir la certification de procuration de signature ci-jointe si les membres de la société en nom collectif ne signent pas personnellement à l'item 6D.

Registrar Use Only / Réservé à l'usage du registraire	
Reference No. / N° de référence	<input style="width: 95%;" type="text"/>
Registration Date / Date d'enregistrement	<input style="width: 95%;" type="text"/> Year/Année-Month/Mois-Day/Jour
Expiry Date / Date d'expiration	<input style="width: 95%;" type="text"/> Year/Année-Month/Mois-Day/Jour

FORM / FORMULE 1

INSTRUCTIONS ON REVERSE/INSTRUCTIONS AU VERSO

SN0299 (New) + 450307 / 45-3498 (09/12)
 SN0302 (Renewal) + 450307 / 45-3498 (09/12)

Instructions

1. The filing fee of \$112 (\$100 registration plus \$12.00 publication) or the filing fee of \$62 (\$50 for renewal plus \$12 for publication), is payable to Service New Brunswick by cheque or money order.
2. All addresses must be in full, giving street and number, R.R. number, municipality, province and postal code. P.O. Box number is not acceptable in item 3 and 6 'C'.
3. This registration expires in five years, but may be renewed. Renewal is your responsibility.
4. Completed documents in duplicate and fees are to be sent to:

Corporate Registry
Service New Brunswick
PO Box 1998
Fredericton, NB
E3B 5G4
(506) 453-2703

Instructions

1. Les droits de dépôt de 112 \$ (100 \$ enregistrement plus 12 \$ pour publication) ou les droits de dépôt de 62 \$ (50\$ pour renouvellement plus 12 \$ pour publication) sont payables à Services Nouveau-Brunswick.
2. Toutes les adresses doivent être au complet, donnant le numéro et la rue, le numéro de la route rurale, la municipalité, la province et le code postal. Le numéro de la case postale n'est pas admis à l'item 3 et à l'item 6 'C'.
3. Le délai d'expiration de cet enregistrement est de cinq ans, renouvelable. Toutefois la responsabilité du renouvellement vous incombe.
4. Les documents complets établis en double exemplaire, et les droits doivent être envoyés au :

Registre corporatif
Services Nouveau-Brunswick
C.P. 1998
Fredericton, NB
E3B 5G4
(506) 453-2703

CERTIFICATION OF SIGNING AUTHORITY

I, _____
(Name of Member of Firm)

certify that I am signing this certificate of partnership or
certificate of renewal of partnership in relation to

(Firm Name)

_____ on behalf of myself and the
following members of the firm who have given me authority
to sign on their behalf:

Date

Signature of Member of Firm

CERTIFICATION DE PROCURATION DE SIGNATURE

Je _____
(Nom du membre de la firme)

atteste que je signe le présent certificat de société en nom
collectif ou certificat de renouvellement de société en nom
collectif, par rapport à

(Nom de la firme)

_____, à mon nom et au nom des
membres suivants de la firme qui m'ont autorisé de faire
ainsi :

Date

Signature du membre de la firme