



**PARTNERSHIP ACT  
DECLARATION OF PARTNERSHIP  
FORM 1**

1. NAME OF THE PARTNERSHIP

\_\_\_\_\_

2. NAMES AND ADDRESSES OF THE PARTNERS

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(complete postal and street address)

\_\_\_\_\_  
(complete postal and street address)

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(complete postal and street address)

\_\_\_\_\_  
(complete postal and street address)

IMPORTANT: If required  Schedule of additional partners is attached

3. BUSINESS ADDRESS

\_\_\_\_\_

\_\_\_\_\_  
(complete postal and street address)

4. DATE OF FORMATION OF THE PARTNERSHIP

\_\_\_\_\_ (year, month, day)

5. NATURE OF BUSINESS CARRIED ON BY THE PARTNERSHIP

\_\_\_\_\_  
(nature or type of business)

WE HEREBY DECLARE THAT this declaration is made under section 45 of the *Partnership Act*, we are the only members of the partnership and the information set forth is true.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(signature of partner)

\_\_\_\_\_  
(signature of partner)

\_\_\_\_\_  
(signature of partner)

\_\_\_\_\_  
(signature of partner)