

## Statement to be used for the Registration of a Business Name for a Society

Partnerships and Business Names Registration Act

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nformation				
usiness name:				
usiness location				
Nova Scotia:	(civic number and street)	(apt / s	uite / unit)	
_		NS		
	(town or municipality)	(province)	(postal code)	
lailing address				
f different om above):	(number and street, PO box, etc.)	(apt /	suite / unit)	
_	(town or municipality)	(province)	(postal code)	
attention:				
-	(first name and middle initial)	(last n	ame)	
Clearly describe the ctivities of the usiness name:				
ctivities of theusiness name: perated by the Society t	for purposes pursuant to Subsection 3(1) o	f the Societies Act		
ctivities of theusiness name:	iness Name since:	f the Societies Act		
ctivities of the usiness name:  perated by the Society for the Business name:	iness Name since:	month / day)		
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Recognized Agent	All correspondence from the Registry will go to the agent unless the Registry is given written instructions to the contrary.							
	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 company, and this appointment shall remain in force until notice in writing by the company that the individual has ceased to be the Recognized Agent is filed with the Registry.							
Recognized agent:								
Civic address	(first name and middle initial)		(last name)					
in Nova Scotia:	(civic number and street)		(apt / s	uite / unit)				
1	(town or municipa	ality)	(province)	(postal code)				
Mailing address (if different from above):	(number and street, PO box, etc.)		(apt/s	uite / unit)				
	(town or municipa	ality)	(province)	(postal code)				
Society Information  Society name:  (name of society)  (Registry of Joint Stock Companies number, Name of director signing for the Society:								
	(type or print)							
(position in the society)								
* Only a director on file with the Registry can sign for a Nova Scotia Society.								
Declaration								
I claim that the information on this form is true and authorize any 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.								
Director signature:				Date	signed:			
(print or type n	name)	(sig	nature)	(year / r	month / day)			