Partnership, Joint Venture or Syndicate

Form A.1

The Business Names Registration Act [Clause 4(1)(a.1)]

Ple	ease see 1	everse for instru	ctions					
Ple	ease prin	t (or type) clearly	Ÿ					
1.	Name	of Business:						
2.	Location	on of Business:			(a han mak			
			(a box number is not acceptable)					
			City, Town, Village or	Rural Mun	icipality (nam	e and number)	Prov.	Postal Code
3.	Mailin	g Address:	Same as Abov	re O	PR			
			Street Address or Box Number					
			City, Town or Village				Prov.	Postal Code
	required.2) If the applicant is a corporation, Indian Band or Limited Partnership, the name, entity number and signature of an authorized officer are required.							
	Date		First and Last Name or Name of Applicant		Address		Signature of Authorized Individual	
5.	We he	reby declare that	:					
-	1) A	We intend to o	arry on business in Partnership Joint Ventuas a: OR			re Syndicate		
	В	We are carrying Saskatchewan	ng on business in as a:	Par	artnership Joint Venture Syndicate			icate
	2) N.	one other them	the applicants lists 1:	in itam 1	AND	associated in bear	inogg with the	firm
	2) No	one omer man	the applicants listed i	n nem 4,	AND	associated in bus	mess with the	111111.

3) [in the case of an application by a partnership] All of our partners who are individuals are at least 18 years

of age.

Partnership, Joint Venture or Syndicate Form A.1

INSTRUCTIONS FOR COMPLETION

- **Item 1:** Type or print the name of the business.
- **Item 2:** Enter the physical location of the business. A box number is not acceptable.
- Item 3: If the mailing address is the same as the location of the business, check the "Same as Above" checkbox. If the mailing address is not the same as the location of the business, enter the mailing address.
- **Item 4: 1**) If the applicant is an individual, the applicant's full name, address including postal code and signature are required.
 - 2) If the applicant is a corporation, Indian band or Limited Partnership, the name, entity number and signature of an authorized officer are required.
- **Item 5: 1) A)** If you have not commenced business, check the box indicating the applicable description.
 - **B**) If you are a continuing business, check the box indicating the applicable description.
 - 2) Only those entities listed in item 4 may carry on business in association with the firm