



B.C. LLP Registration Instructions Form

Suite 1103 - 11871 Horseshoe Way
Richmond, British Columbia V7A 5H5
Tel: 604-272-6960 Fax: 604-272-6959

Email: info@incorporate.ca
Website: www.incorporate.ca

Thank you for choosing INC BUSINESS LAWYERS to assist you in the formation of your limited liability partnership. In order to proceed with your BC LLP, please complete this form and return it to our office
by fax at 604-272-6959 or by email to info@incorporate.ca.

1.0 - NAME CHOICES FOR THE LLP

(Please provide a minimum of 3 choices in order of preference)

Name choice requirements can be broken down into three elements and must contain a unique or distinctive element followed by a descriptive element and completed with a legal designation. An example of this might be *A.B.C. Logistics LLP*, where “*A.B.C.*” is the unique or distinctive element, “*Logistics*” is the descriptive element and “*LLP*” is the legal designation.

First Choice: _____

- | | |
|------------------------------|--|
| <input type="checkbox"/> LLP | <input type="checkbox"/> Limited Liability Partnership |
|------------------------------|--|

Second Choice: _____

- | | |
|------------------------------|--|
| <input type="checkbox"/> LLP | <input type="checkbox"/> Limited Liability Partnership |
|------------------------------|--|

Third Choice: _____

- | | |
|------------------------------|--|
| <input type="checkbox"/> LLP | <input type="checkbox"/> Limited Liability Partnership |
|------------------------------|--|

1.1 - PURPOSE FOR LLP

[Please check the applicable box(es)]

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Investment Holding | <input type="checkbox"/> Trading in Goods / Services | <input type="checkbox"/> Consultancy |
| <input type="checkbox"/> Property Investment | <input type="checkbox"/> Professional | <input type="checkbox"/> Other |

If Other (Please Specify): _____

In order to comply with the regulations set out by the *Law Society of British Columbia*, we require detailed information regarding the intended use of the LLP. Please provide us with a general nature of business, list of activities, goods to be traded and/or services to be provided and any other relevant information.

1.2 - GEOGRAPHY OF BUSINESS

Please provide detailed information about where the LLP will be trading, investing or providing services. Please list Provinces, States, Regions, Countries, etc.

2.0 - PARTNERS

Please provide full details of who will be the partners of the LLP. Please include full legal names as well as complete a Section 4 for each person or legal entity connected to the LLP.

Name of Individuals or Legal Entities	Director of entity	Shareholder of entity	Percentage Interest	Authorized to give Instructions
Example: ABC Logistics Ltd.	Example: John Smith	Example: John Smith	50%	X

2.1 - PARTNERSHIP STRUCTURE

- | | | |
|---------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Simple | <input type="checkbox"/> Simple II | <input type="checkbox"/> Complex |
| - Two partners | - Two partners | - Multi partners |
| - 50% interest each | - Varying interests | - Varying interests |
| - Equal capital contributions | - Varying contributions | - Varying contributions |

2.2 - LLP STRUCTURE NOTES (FOR OUR OFFICE USE ONLY)

3.0 - REGISTERED OFFICE

Please provide a location for the registered office location. If you would like us to arrange a location for you, or if you are forming a British Columbia LLP and would like us to provide this location to you, specify as such. (Note: post office boxes are not permitted for a registered office address.)

- | | |
|---|--|
| <input type="checkbox"/> INC to be registered office address
(fee: \$275 / year) | <input type="checkbox"/> No, please use the address
I have provided below |
|---|--|

C/O:	
Address:	
City:	
Province:	
Postal Code:	

4.0 - INFORMATION FOR CONNECTED PERSONS

Please complete and submit this section once for each person or legal entity described in Section 2.0. If an individual is connected to the LLP, please complete Sections 4.1 and 4.2. If a legal entity is connected to the LLP, please complete Section 4.3 only. All information provided must be verifiable and match exactly with what is displayed on your passport, driver's licence or birth certificate.

4.1 - PERSONAL INFORMATION

(FOR INDIVIDUALS ONLY LISTED IN SECTION 2.0 ONLY)

Full Legal Name: (Including Middle Name)	
Family Name:	
Date of Birth:	
Occupation:	
Nationality:	
Canadian Citizen: (Yes / No)	

4.2 - PERMANENT RESIDENTIAL ADDRESS AND CONTACT INFORMATION

Residential Address:	
City:	
Province / State / Region:	
Postal Code / Zip Code:	
Country:	
Home Telephone Number:	
Home Fax Number:	
Personal Mobile Number:	
Personal Email Address:	

4.3 - PERMANENT BUSINESS ADDRESS AND CONTACT INFORMATION
(FOR LEGAL ENTITIES LISTED IN SECTION 2.0 ONLY)

Company Name:	
Incorporation Number:	
Country / Jurisdiction of Corporation:	
General Nature of Business:	
Contact Person:	
Connection to Company:	
Business Address:	
City:	
Province / State / Region:	
Postal Code / Zip Code:	
Country:	
Office Telephone Number:	
Office Fax Number:	
Office Mobile Number:	
Office Email Address:	

4.4 - PREFERRED METHOD OF CONTACT

- | | | |
|---|---|--|
| <input type="checkbox"/> Home Telephone | <input type="checkbox"/> Personal Email | <input type="checkbox"/> Personal Mobile |
| <input type="checkbox"/> Office Telephone | <input type="checkbox"/> Office Email | <input type="checkbox"/> Office Mobile |

By my signature, I confirm, that all information provided in the above is true and accurate to the best of my knowledge and that I have or have been granted full authorization to provide INC Business Lawyers with instructions on this matter.

DATED _____, 2021.

Authorized Signatory

Printed Name

Once completed, please remit this BC LLP Information Form by way of email to info@incorporate.ca or by fax to (604) 272-6959.



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