

# Declaration Of Dissolution Of Partnership

Partnership Act

I, \_\_\_\_\_  
*Name of Declarant*

of \_\_\_\_\_  
*Home Address in Full*

## declare that:

1. I was a member of the partnership carrying on business under the name of

\_\_\_\_\_  
*Name of Business*

under the registration number \_\_\_\_\_, located  
at

\_\_\_\_\_  
*Address of Business*

2. The partnership was dissolved on \_\_\_\_\_  
*Day / Month / Year*

\_\_\_\_\_  
Name of Declarant *(please print)*

\_\_\_\_\_  
Identification

\_\_\_\_\_  
Date of Declaration

\_\_\_\_\_  
Name of Witness *(please print)*

\_\_\_\_\_  
Identification

# Declaration Of Dissolution Of Partnership

PARTNERSHIP ACT

## INSTRUCTIONS

**The Declaration Of Dissolution Of Partnership must state:**

- Item 1:
- that the declarant was a member of the partnership;
  - the business name of the partnership, registration number, and business address.
- Item 2:
- that the partnership is dissolved and the date on which it was dissolved.

The following information must be included:

- name of declarant authorizing (director/authorizing officer)
- name of witness
- identification
- date

When the information is submitted to your service provider, identification of the authorized person/officer/director/declarant will be required.