

**INSTRUCTIONS FOR PARTNERSHIP**

**TO: JAY CHAUHAN**  
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1. Full names, addresses and telephone numbers of the parties who will be partners:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Type of business to be conducted:

3. Commencement date of partnership:

4. Address where partnership records and accounts will be kept:

5. Partnership name:

6. Financial or other contribution of each partner:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Amount: \_\_\_\_\_ Amount: \_\_\_\_\_

7. Name and address of Bank:

8. Parties authorized to sign the cheques:

9. Partnership interest for profits and loses:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
% Interest: \_\_\_\_\_ % Interest: \_\_\_\_\_

10. Names of partners who will work full time:

11. Salaries to be paid, if any:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Salary: \_\_\_\_\_ Salary: \_\_\_\_\_

12. Fiscal year end of the partnership:

13. Name, address and telephone number of the accountant:

14. In the event of dissolution of partnership, please state if any one or more partners will be entitled to use of the partnership name:

\_\_\_\_\_

15. If any partner dies, please state if the remaining partners are to be given the right to acquire his partnership interest and if so, for what value, and the manner of payment to the executors of the deceased partner:

16. Please state if the partners will have insurance on the lives of the other partner to ensure that there will be immediate cash available to buy out the share of the deceased partner; and if so, state the name of the insurance company, agent and his address and telephone number:

\_\_\_\_\_  
Client's signature