

**REGISTRAR OF CORPORATIONS**  
Department of Commerce  
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
P.O. Box 5795 CHRB, 12054 Pohnpei Way Capitol Hill Saipan, MP 96950  
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**PARTNERSHIP REGISTRATION FORM**

**Filing Fee: \$75.00**

**File Original and Two Copies**

**Make Check Payable to: CNMI Treasurer**

**Must attach the Partnership Agreement**

1. Partnership Name: \_\_\_\_\_

2. Nature of Partnership (check one):                      General: \_\_\_\_\_ Limited\*: \_\_\_\_\_ Other: \_\_\_\_\_

\*See §, Chapter 5 of the Trust Territory Corporate Regulations promulgated under Title 37 of the Trust Territory Code for "Limited Partnership Compliance".

If "Other" describe: \_\_\_\_\_

\_\_\_\_\_

3. State the name, mailing address, citizenship and nature (see 2 above) of all partners (if not enough space, attach separate sheet):

NAME

MAILING ADDRESS

CITIZENSHIP

NATURE

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Describe all partnership business activities: \_\_\_\_\_

\_\_\_\_\_

5. Location of principal place of business (**attach a map**) in the Commonwealth and the business:

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

6. If the partnership was formed under the laws of any jurisdiction other than the Commonwealth, state the name of the jurisdiction and the location of the principal place of business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Date partnership was formed: \_\_\_\_\_

8. Date of partnership commenced business in the Commonwealth: \_\_\_\_\_

We further certify that all of the answers made in this statement are true, complete and correct to the best of our knowledge.

(This Statement must be signed by all partners and acknowledged before a Notary Public or other person authorized to take acknowledgements.)

_____	_____
_____	_____
_____	_____

**ACKNOWLEDGMENT**

COMMONWEALTH OF THE NORTHERN )	
MARIANA ISLANDS )	
SAIPAN, MARIANA ISLANDS )	SS.
_____ )	

BEFORE ME, the undersigned authority personally appeared:

_____	_____
_____	_____
_____	_____

known to me to be the same persons who executed the same as their free act and deed.

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC