



# APPLICATION FOR REGISTRATION OF A LIMITED PARTNERSHIP

Form Number: LPPF01

Limited Partnerships Act 2016 s 16

OFFICE USE ONLY
Date Received:

## Purpose

This form is used to register a Limited Partnership (LP) under the Limited Partnerships Act 2016.

### 1. Contact details of person lodging this application

The name and contact details of the person with whom we can discuss this application.

Name			
Address			
Suburb			
State		Postcode	
Telephone			
Email			

### 2. What is the proposed firm name for the Limited Partnership?

The proposed name must be a name that is not identical to or likely to be confused with a name registered under the Business Names Act 2011 or other body corporate.

When the partnership's name is used on any document, it must be followed by "L.P.", "LP" or "a Limited Partnership"


### 3. What is the registered office address for the Limited Partnership?

A Limited Partnership must have an address in Western Australia. A post office box is not acceptable as the registered office address.

Address			
Suburb			
State		Postcode	

### 4. What is the contact address for the Limited Partnership?

A contact address may be nominated for the Limited Partnership. A post office box is acceptable.

Address			
Suburb			
State		Postcode	
Email			

### 5. How many general and limited partners does the Limited Partnership have?

A Limited Partnership must have at least one general partner and one limited partner.

There can be no more than 20 general partners except when section 115(2) of the Corporations Act 2001 (Cth) applies to a limited partnership.

Number of general partners

Number of limited partners

## 6. Partners' Details

Provide details of ALL partners in the Limited Partnership. Note whether they are individuals, corporations or other partnerships, and nominate whether they are general partners or limited partners.

The full name of partner:

The partner is:

AN INDIVIDUAL     A CORPORATION     A PARTNERSHIP

The partner's address is:

*A post office box address is not acceptable.*

*Provide a residential address for an individual.*

*Provide the registered address for a corporation or a partnership*

Address			
Suburb			
State		Postcode	

Partner's date of birth:

*(if applicable)*

Where is the corporation/partnership registered?

What is the ACN/registration number?

*Only required if the corporation/partnership is registered in Australia*

Which type of partner?

GENERAL PARTNER

LIMITED PARTNER

Limited partner's contribution:

*Limited partners must provide a statement of their agreed contribution which is the limit of their liability, and also state the amount of the agreed contribution that has been paid and the amount that is unpaid*

agreed contribution

\$

amount paid

\$

amount unpaid

\$

\$
\$
\$

Authorisation and Certification:

In order to assist with the determination of this application, I authorise the Commissioner or persons so directed, to obtain any document, record, file or information that may be necessary or relevant to the partnership's eligibility to hold this registration.

The information contained in this form and any supporting documents provided at the time or subsequent to lodgement are to the best of my knowledge and belief complete, correct and true.

I acknowledge that the information will be laced on the register available to the public and that it is an offence to lodge a document that is false or misleading.

Signature:

Date:

*Note that a director must sign for a corporation and a general partner must sign for a partnership*

Full name of person signing  
for a corporation or partnership

## 6. Partners' Details (continued)

Provide details of ALL partners in the Limited Partnership. Note whether they are individuals, corporations or other partnerships, and nominate whether they are general partners or limited partners.

The full name of partner:

The partner is:

AN INDIVIDUAL     A CORPORATION     A PARTNERSHIP

The partner's residential address is:

*A post office box address is not acceptable.*

*Provide a residential address for an individual.*

*Provide the registered address for a corporation or a partnership*

Address			
Suburb			
State		Postcode	

Partner's date of birth:

*(if applicable)*

Where is the corporation/partnership registered?

What is the ACN/registration number?

*Only required if the corporation/partnership is registered in Australia*

Which type of partner?

GENERAL PARTNER     LIMITED PARTNER

Limited partner's contribution:

*Limited partners must provide a statement of their agreed contribution which is the limit of their liability, and also state the amount of the agreed contribution that has been paid and the amount that is unpaid*

agreed contribution

\$

amount paid

\$

amount unpaid

\$

\$
\$
\$

Authorisation and Certification:

In order to assist with the determination of this application, I authorise the Commissioner or persons so directed, to obtain any document, record, file or information that may be necessary or relevant to the partnership's eligibility to hold this registration.

The information contained in this form and any supporting documents provided at the time or subsequent to lodgement are to the best of my knowledge and belief complete, correct and true.

I acknowledge that the information will be laced on the register available to the public and that it is an offence to lodge a document that is false or misleading.

Signature:

Date:

*Note that a director must sign for a corporation and a general partner must sign for a partnership*

Full name of person signing for a corporation or partnership

More than 2 partners?

Please copy and complete this page as required

## CHECK COMPLETION

An incomplete application cannot be processed. Have you:

- completed all of the relevant sections of the application form?
- ensured that all of the required signatures are included?

Please do not staple the documents

## SUBMITTING THIS APPLICATION

Make a copy of this statement for your own records.

By post:

**Department of Mines, Industry Regulation & Safety  
Consumer Protection Division  
Associations and Charities Branch  
Locked Bag 100  
EAST PERTH WA 6892**

In person (8:30 am to 4:30 pm weekdays):

**Department of Mines, Industry Regulation & Safety  
Consumer Protection Division  
Level 1, Mason Bird Building  
303 Sevenoaks Street  
CANNINGTON WA**

**Do not submit by email. We cannot accept forms containing credit card numbers that are emailed. If an email is received containing debit /credit card details, it will be deleted immediately and your application and payment will not be processed.**

## CERTIFICATE OF REGISTRATION

A Certificate of Registration will be issued if the application is successful.

## AFTER REGISTRATION

### Changes to any of the registered particulars

You must notify the Department of Mines, Industry Regulation and Safety, Consumer Protection Division (Consumer Protection) of any changes in the registered particulars of the Limited Partnership within 7 days of the change occurring. "Registered particulars" include all the information provided in this application, such as names, addresses, partners ceasing or commencing, whether a partner is a limited or general partner and the limitation of liability of a limited partner.

You must notify the Consumer Protection if the limited partnership is dissolved or ceases to carry on business.

Forms for making these notifications are available from the Consumer Protection website at [www.commerce.wa.gov.au/limitedpartnerships](http://www.commerce.wa.gov.au/limitedpartnerships)

### Registering a business name

The name of a Limited Partnership registered in Western Australia does not also need to be registered as a business name, as long as business is conducted under the full registered Limited Partnership name.

### Identification of Limited Partnerships

Any document issued on behalf of a Limited Partnership in connection with the partnership's business must contain the words "A Limited Partnership" (or "L.P." or "LP" as an abbreviation) at the end of the full registered name.

### Restrictions on Members

Under the *Limited Partnerships Act 2016* there are certain restrictions on the participation in Limited Partnerships or Incorporated Limited Partnerships of persons who are insolvents or who have been convicted of some offences involving fraud or dishonesty. More detail is available on our website at [www.commerce.wa.gov.au/limitedpartnerships](http://www.commerce.wa.gov.au/limitedpartnerships)

## PAYMENT

The applicable fee for this form is available on the Consumer Protection website at [www.commerce.wa.gov.au/limitedpartnerships](http://www.commerce.wa.gov.au/limitedpartnerships)

Payment may be made by cash, cheque, money order or credit card.

If paying by credit card, complete the details below.

**GST is not applicable on fees. A receipt will not be issued unless specifically requested.**

Cash  
(Pay in person – do not send cash in the mail)

Payment method  Money Order / Cheque  
(Made payable to the Department of Mines, Industry Regulation and Safety)

Debit / Credit Card ► Complete details below

## IMPORTANT

**Consumer Protection cannot accept debit/credit card details over the phone or email (including any attachments) in accordance with the Payment Card Industry Data Security Standards.**

**If an email is received containing debit /credit card details, it will be deleted immediately and your application and payment will not be processed.**

Charge my  VISA  MASTERCARD

Debit/Credit card number

Expiry Date MM / YY Amount authorised \$

Cardholder's name:

Cardholder's signature  Date: DD / MM / YYYY

**If the payment has been made by another person on behalf of the applicant, please complete below**

Postal address:

Suburb:  State:  Postcode:

Telephone  Email