



NOTICE AND LODGEMENT OF DOCUMENTS RELATED TO AN INCORPORATED LIMITED PARTNERSHIP

Form Number: LP04

Limited Partnership Act 2016 s 48 (1) and (2)

Purpose

This form is used to notify the Commissioner

- when an Incorporated Limited Partnership has attained registration under the Venture Capital Act 2002 (Cth) or recognition under the Income Tax Assessment Act 1936 (Cth) or the Income Tax Assessment Act 1997(Cth),

OR

- when an Incorporated Limited Partnership has not been so registered or recognised within two years from the date of registration under the Limited Partnerships Act as required.

OFFICE USE ONLY

Date Received:

1. Contact details of person lodging document/s

The name and contact details of the person which whom we can discuss this Notice.

Name:			
Address:			
Suburb:			
State:		Postcode:	
Telephone:			
Email:			

2. Details of Incorporated Limited Partnership:

Name of Partnership:

Registration Number:

3. What was the date of registration of the Incorporated Limited Partnership?

Please complete either section 4 OR section 5

4. This form provides Notice that the Incorporated Limited Partnership has met the requirements for registration under the *Limited Partnerships Act 2016* by attaining registration under the *Venture Capital Act 2002 (Cth)* or recognition under the *Income Tax Assessment Act 1997 (Cth)*.

This Notice must be lodged with the Commissioner within one month of the Incorporated Limited Partnership attaining the relevant registration or recognition.

On what date did the Incorporated Limited Partnership attain the relevant registration or recognition?

Tick appropriate box below

Venture Capital Limited Partnership (VCLP) in accordance with Part 2 of the *Venture Capital Act 2002 (Cth)*.

Registration as a VCLP has been attained. Evidence of the registration is attached.

OR

Early State Venture Capital Limited Partnership (ESVCLP) in accordance with Part 2 of the *Venture Capital Act 2002 (Cth)*.

Registration as an ESVCLP has been attained. Evidence of the registration is attached.

OR

Australian Venture Capital Fund of Funds (AFOF) in accordance with Part 2 of the *Venture Capital Act 2002 (Cth)*.

Registration as an AFOF has been attained. Evidence of the registration is attached.

OR

Venture Capital Management Partnership (VCMP) within the meaning of s. 94D(3) of the *Income Tax Assessment Act 1936 (Cth)*.

Recognition as a VCMP has been attained. A statement to this effect is attached..

5. This form provides Notice that the Incorporated Limited Partnership has NOT met the requirements for registration under the *Limited Partnerships Act 2016* by attaining registration under the *Venture Capital Act 2002 (Cth)* or recognition under the *Income Tax Assessment Act 1936 (Cth)* within the two year period as required.

Venture Capital Limited Partnership (VCLP) in accordance with Part 2 of the *Venture Capital Act 2002 (Cth)*.

The partnership has NOT been registered as a VCLP.

OR

Early State Venture Capital Limited Partnership (ESVCLP) in accordance with Part 2 of the *Venture Capital Act 2002 (Cth)*.

The partnership has NOT been registered as an ESVCLP.

OR

Australian Venture Capital Fund of Funds (AFOF) in accordance with Part 2 of the *Venture Capital Act 2002 (Cth)*.

The partnership has NOT been registered as an AFOF.

OR

Venture Capital Management Partnership (VCMP) within the meaning of s. 94D(3) of the *Income Tax Assessment Act 1936 (Cth)*.

The partnership has NOT been recognised as a VCMP.

6. Authorisation, Certification and Signatures

This form requires the signature of one General Partner witnessed to verify the signature. A Director must sign for a corporation that is a General Partner and a General Partner must sign for a partnership that is a General Partner.

Signature of General Partner

Full name of General Partner:

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:

Signed in the presence of:

Witnesses signature:

Date:

Full name of witness:

CHECK COMPLETION

An incomplete Notice cannot be processed. Have you:

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

Please do not staple the documents

LODGING THE NOTICE

Make a copy of this Notice 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**

Email submissions cannot be accepted. For assistance call our information line on **1300 304 074**.

PAYMENT

The applicable fee for this form is available on the Consumer Protection website at www.dmirs.wa.gov.au/limitedpartnerships

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

Please do not send cash through the mail. Cheques and money orders are to be made payable to Department of Mines, Industry Regulation and Safety.

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

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Expiry Date

M	M	/	Y	Y
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Amount
authorised

\$

Cardholder's name:

Cardholder's signature Date: / /

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

Postal address:

Suburb: State: Postcode:

Telephone Email