NOTICE OF DISSOLUTION OR CESSATION  
OF A LIMITED PARTNERSHIP

|  |  |  |  |  |  |  |  |  |  |  |  |
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| *Form Number: LPF05*  *Limited Partnership Act 2016 s 28* | | | | | | | | | | | |
|  | | | | | | | | OFFICE USE ONLY | | | |
| **Purpose**  *This form is used to notify the Commissioner about the dissolution or cessation of a Limited Partnership under the Limited Partnerships Act 2016.* | | |  | | | | | Date Received: | | | |
|  |  | | | | | | | | | |
|  |  | | | | | | | | | |
| 1. Contact details of person lodging this notice  The name and contact information of the person with whom we can discuss this Notice. | Name: | | |  | | | | | | |
| Address: | | |  | | | | | | |
|  | | | | | | |
| Suburb: | | | | | | | | | |
| State: | | | |  | | Postcode: | |  | |
|  | | | | | | | | | |
| Telephone: | | | | | | | | | |
|  | | | | | | | | | |
| Email: | | | | | | | | | |
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|  | | | | | | | | | | |
| 2. Details of Limited Partnership: | |  | | | | | | | |
| Name of Partnership: | |  | | | | | | | |
|  | |  | | | | | | | |
| Registration Number: | |  | | | | | | | |
|  | | | | | | | | | | |
|  |  | | | | | | | | | |
| 3. What is the date of dissolution or cessation? |  | | | | |  | | | | |
| The Notice is to be lodged as soon as practicable after the dissolution or cessation. |  | | | | |  | | | | |
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| 4. Signature of General Partner | | | | | |
| This notification 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. | | | | |
| Full name of General Partner: | |  | | |
|  | |  | | |
| Signature:  Note that a director must sign for a corporation and a general partner must sign for a partnership | |  | Date: |  |
|  | |  | | |
| Full name of person signing or a corporation or partnership: | |  | | |
|  | |  | | |
| Signed in the presence of: | |  | | |
|  | |  | | |
| Witnesses signature: | |  | Date: |  |
|  | |  | | |
| Full name of witness: | |  | | |
|  | |  | | |
|  | |  | | |

# CHECK COMPLETION

An incomplete application cannot be processed. Have you completed all of the relevant sections of the application form?

Please do not stable the documents

# Lodging the Notice

Make a copy of this statement for your own records.

|  |  |
| --- | --- |
| By post: | In person (8:30 am to 4:30 pm weekdays): |
| Department of Mines, Industry Regulation & Safety  Consumer Protection Division  Associations and Charities Branch  Locked Bag 100  EAST PERTH WA 6892 | 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**.