NOTICE OF REVOCATION OR CESSATION FOR INCORPORATED LIMITED PARTNERSHIP

|  |  |
| --- | --- |
| Form Number: LPF06Limited Partnerships Act 2016 s 48(4) |  |
|  | OFFICE USE ONLY |
| **Purpose***This form is used to notify the Commissioner that the registration of an Incorporate Limited Partnership as an AFOF, ESVCLP or VCLP has been revoked or the Incorporated Limited Partnership has ceased to be a VCMP.* |  | Date Received: |
|  |  |
|  |  |
| 1. Contact details of person lodging this NoticeThe name and contact details of the person with whom we can discuss this Notice | Name: |  |
| Address: |  |
|  |
| Suburb: |  |
| State: |  | Postcode: |  |
|  |  |
|  | Telephone: |  |
|  |  |
|  | Email: |  |
|  |  |
|  |
| 2. Details of Limited Partnership: |  |
| Name of Partnership: |  |
|  |  |
| Registration Number: |  |
|  |  |
|  |  |
| 3. This form provides notice to the Commissioner that the partnership’s registration under the *Venture Capital Act 2002 (Clth) was revoked* or that its recognition under the *Income Tax Assessment Act 1936 (Clth) or the Income Tax Assessment Act 1997 (Cth)* ceased on the following date: |
| Date: |  |  |
| Tick the appropriate box. |  |
| Venture Capital Limited Partnership (VCLP) in accordance with Part 2 of the Venture Capital Act 2002 (Cth) | ⬜ The partnership’s registration as a VCLP was revoked. |
| OR |  |
| Early State Venture Capital Limited Partnership (ESVCLP) Partnership in accordance with Part 2 of the *Venture Capital Act 2002* (Cth) | ⬜ The partnership’s registration as an ESVCLP was revoked |
| OR |  |
| Australian Venture Capital Fund of Funds (AFOF) in accordance with Part 2 of the *Venture Capital Act 2002* (Cth) | ⬜ The partnership’s registration as an AFOF of was revoked. |
| OR |  |
| Venture Capital Management Partnership (VCMP) within the meaning of s. 94D(3) of the *Income Tax Assessment Act 1936* (Cth) | ⬜ The recognition as a VCMP ceased. |
|  |  |
|  |  |
|  |  |
|  |  |
| 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 signingfor 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 & SafetyConsumer Protection DivisionAssociations and Charities BranchLocked Bag 100EAST PERTH WA 6892 | Department of Mines, Industry Regulation & SafetyConsumer Protection DivisionLevel 1, Mason Bird Building303 Sevenoaks Street CANNINGTON WA |

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