



NOTICE OF REVOCATION OR CESSATION FOR INCORPORATED LIMITED PARTNERSHIP

Form Number: LPF06

Limited Partnerships Act 2016 s 48(4)

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to notify the Commissioner that the registration of an Incorporate Limited Partnership as an AFOF, ESVCLP or VCLP has been revoked or the Incorporated Limited Partnership has ceased to be a VCMP.

OFFICE USE ONLY
Date Received:

1. Contact details of person lodging this Notice
 The 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form provides notice to the Commissioner that the partnership's registration under the *Venture Capital Act 2002 (Cth)* was revoked or that its recognition under the *Income Tax Assessment Act 1936 (Cth)* or the *Income Tax Assessment Act 1997 (Cth)* ceased on the following date: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- The partnership's registration as a VCLP was revoked.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- The partnership's registration as an ESVCLP was revoked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- The partnership's registration as an AFOF of was revoked.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:

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

Please do not staple the documents

LODGING THE NOTICE

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**

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