APPLICATION TO INSPECT OR OBTAIN A CERTIFICATE OF REGISTRATION FROM THE REGISTER OF LIMITED AND INCORPORATED LIMITED PARTNERSHIPS

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Form Number: LPF07  Limited Partnerships Act 2016 s 78 and 82 | | |  | | | | | |
|  | | |  | | | OFFICE USE ONLY | | |
| **Purpose**  *This form is used to apply to inspect the Register of Limited Partnerships and Incorporated Limited Partnerships and to seek a copy of a Certificate of Registration for a partnership.* | | |  | | | Date Received: | | |
|  | | |  | | | | | |
|  | | |  | | | | | |
| 1. Contact details for person lodging this application  The name and contract details of the person with whom we can discuss this application. | | | Name: |  | | | | |
| Address: |  | | | | |
|  |  | | | | |
| Suburb: |  | | | | |
| State: |  | | | Postcode: |  |
|  | | |  | | | | | |
|  | | | Telephone: |  | | | | |
|  | | | | | | | | |
|  | | | Email: |  | | | | |
|  | | |  | | | | | |
|  | | |  | | | | | |
| 2. Details of Partnership | | |  | | | | | |
| Name of Partnership: | | |  | | | | | |
|  | | |  | | | | | |
| Registration Number: | | |  | |  | | | |
|  | | |  | | | | | |
|  | | |  | | | | | |
| 3. Requested Documents | | |  | | | | | |
| Fees apply per registration inspected and per Certificate of Registration provided  \*Note: Inspections of the Register are to be conducted during the ordinary business hours at our offices. The applicant will be contacted to arrange a suitable time for the inspection. | | | | | | | | |
| . | | | | | | | | |
| Please tick below for required documents | Fee | Documents Available | | | | | | |
| 🞎 | $20.00 for partnership inspected\* | Inspection of the Register of limited partnerships and incorporated limited partnerships | | | | | | |
| 🞎 | $13.00 for each Certificate of Registration | Copy of certificate of registration | | | | | | |
|  | | |  | | | | | |
|  | | |  | | | | | |

# 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 APPLICATION

Make a copy of this statement for your own records.

|  |  |
| --- | --- |
| By post: | In person (8:30 am to 4:30 pm weekdays): |
| Department of Commerce  Associations and Charities Branch  Locked Bag 100  EAST PERTH WA 6892 | Department of Commerce  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

# PAYMENT

The applicable fee for this form is available on the Department of Commerce’s 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.

Please do not send cash through the mail. Cheques and money orders are to be made payable to Department of Commerce.

|  |
| --- |
| If paying by credit card, complete the details below. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GST is not applicable on fees. A receipt will not be issued unless specifically requested.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment method | Cash  ***(Pay in person – do not send cash in the mail)***  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 | M | | M | | / | | Y | | Y | |  | | 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 | | | |  | | | | | | | | | | |