# Application for Change of Name

# Form P4

***Partnership Act 1958 - (Partnership (Limited Partnership) Act 1992)***

## Things to know before starting your application

* This form can only be lodged by mail. We cannot accept forms containing credit card numbers that are emailed to us.
* You can pay the fee by cheque, money order or credit card.
* The fee is **$59.20.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Name of the Limited Partnership is: | | | | |
|  | | | | |
| Registration Number: | |  | |
| 1. Notice is given that the Limited Partnership hereby applies to change its name to: | | | | |
|  | | | | |
| 1. To be signed by all the General Partners, or by a General Partner authorised by all the General Partners for the purpose of S.56.   *(annex further names and signatures if necessary)* | | | | |
| Signature |  | | | |
| Name *(print)* |  | | | |
| Date  dd/mm/yyyy |  | |
| Signature |  | | | |
| Name *(print)* |  | | | |
| Date  dd/mm/yyyy |  | |
| Signature |  | | | |
| Name *(print)* |  | | | |
| Date  dd/mm/yyyy |  | |
| Signature |  | | | |
| Name *(print)* |  | | | |
| Date  dd/mm/yyyy |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Execution by a corporation | | | |
| Signature |  | | |
| Director / Secretary / Foreign company agent  *(Strike out whichever inapplicable)* | | | | | |
| Name (print) |  | | | | | | |
| Name of Corporation |  | | | | | | |
| 1. Annexures: (Each annexure must contain the following clause and be signed by a General Partner)   “This is the annexure of *(No. of pages)* pages marked *(a, b, c, etc.)* referred to in the Form P4, section *(No.)*. | | | | | | | |
| Signed by me  Print name | |  | | | Date  dd/mm/yyyy | |  |
| Signature | |  |

## Contact person for this application

|  |  |
| --- | --- |
| Lodged by: |  |
| Address: |  |
| Daytime Telephone: |  |

## How to lodge and pay

**You must pay the fee of $59.20 at the time of lodgement.** There is no GST payable.

Print the form and sign all required declarations. You can pay the fee by cheque, money order or credit card. If paying by credit card, complete the details below. Post the completed form, any attachments and payment to Consumer Affairs Victoria at GPO Box 4567, Melbourne VIC 3001.

## Credit card details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please debit my (choose one) (Mark with an X): | Visa |  | Mastercard |  |
| Amount: | $ 59.20 | | | | |
| Card number: |  | | | | |
| Expiry date: |  | | | | |
| CCV number (3 numbers): |  | | | | |
| Name of cardholder: |  | | | | |
| Signature of cardholder (type name if lodging by email): |  | | | | |
| Date: |  | | | | |
| Daytime telephone number of cardholder: |  | | | | |

## Privacy

CAV is committed to responsible and fair handling of your personal information, consistent with the laws we administer and the *Privacy and Data Protection Act 2014*. The information on this form will be placed on a public register in accordance with the (Venture Capital) Act 2002. We may be unable to process this form if you do not provide the required information. You can contact us at any time to request access to the personal information we hold about you. Our privacy statement and other privacy information are available at [Consumer Affairs Victoria](http://www.consumer.vic.gov.au) ([www.consumer.vic.gov.au](file:///C:\Users\sdoheny\AppData\Roaming\Hewlett-Packard\HP%20TRIM\Roaming\TRIM\Offline%20Records%20(P1)\Form%20-%20~%20Application%20for%20change%20of%20name%20of%20limited%20partnership\www.consumer.vic.gov.au)) or on request.

**Office use only**

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| Lodged with the Director of Consumer Affairs |