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| Office use only (date lodged) | / / | Initials |  |

# Incorporated Limited Partnership Change of Particulars of partners

***Partnership Act 1958***

## Things to know before starting your application

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

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| 1. **Name of the Incorporated Limited Partnership:** | | |
|  | | |
| Registered number of the Incorporated Limited Partnership | | |
|  | | |
| 1. **Change of corporate partner’s registered office. This must be a street address. PO Boxes cannot be accepted.** | | |
| New address | | |
|  | | |
|  | | |
| Date of change (dd/mm/yyyy) |  | |
| Change of individual partner’s residential address. This must be a street address. PO Boxes cannot be accepted. | | |
| New address | | |
|  | | |
|  | | |
| Date of change (dd/mm/yyyy) |  | |
| Change of principal office of partner that is a partnership. This must be a street address. PO Boxes cannot be accepted. | | |
|  | | |
|  | | |
| Date of change (dd/mm/yyyy) |  | |
| 1. **Change of existing partner’s name** | | |
| Former name of individual/corporation/partnership | | |
|  | | |
| New name of individual/corporation/partnership | | |
|  | | |
| Date of change (dd/mm/yyyy) |  | |
| 1. **Partners leaving the Incorporated Limited Partnership** | | |
| General partners | | Date ceased (dd/mm/yyyy) |
|  | |  |
|  | |  |
|  | |  |
| Limited partners | | Date ceased (dd/mm/yyyy) |
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| 1. **How many general and limited partners does this Incorporated Limited Partnership have after the change?** | | | | | | | |
| General partners |  | | | | | | |
| Limited partners |  | | | | | | |
| 1. **New partners** You must provide details of all the new partners in this Incorporated Limited Partnership and nominate whether they will be a general partner or limited partner. If you need more space, photocopy this page as needed and mark them “page…of…pages” | | | | | | | |
| **Individual partners** | | | | | | | |
| Surname (family name) | |  | | | | | |
| Full given names | |  | | | | | |
| Residential address (PO Boxes cannot be accepted | |  | | | | | |
| Will this person be a general partner or limited partner? Mark with a ‘X’. | | | | | | | |
| General | | |  | Limited | |  |
| Date commenced (dd/mm/yyyy) | | | | |  | | |

|  |  |  |  |  |  |  |
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| Surname (family name) |  | | | | | |
| Full given names |  | | | | | |
| Residential address (PO Boxes cannot be accepted |  | | | | | |
| Will this person be a general partner or limited partner? Mark with a ‘X’. | | | | | | |
| General | |  | Limited | |  |
| Date commenced (dd/mm/yyyy) | | | |  | | |

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| **Individual partners** | | | | | | | |
| Name of corporation |  | | | | | | |
| Date of corporation (dd/mm/yyyy) |  | | | | | | |
| Place of incorporation (Aust. State of country) |  | | | | | | |
| Corporation registered office (PO boxes cannot be accepted) |  | | | | | | |
| ACN | | |  | | | | |
| ABN | | |  | | | | |
| Will this corporation be a general partner or limited partner? | | | | | | | |
| General | |  | | Limited | |  |
| Date commenced (dd/mm/yyyy) | | | | |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of corporation |  | | | | | | |
| Date of corporation (dd/mm/yyyy) |  | | | | | | |
| Place of incorporation (Aust. State of country) |  | | | | | | |
| Corporation registered office (PO boxes cannot be accepted) |  | | | | | | |
| ACN | | |  | | | | |
| ABN | | |  | | | | |
| Will this corporation be a general partner or limited partner? | | | | | | | |
| General | |  | | Limited | |  |
| Date commenced (dd/mm/yyyy) | | | | |  | | |
| **Other partnerships** | | | | | | | |
| Name of other partnership. If the partnership does not have a name, you must attach a separate sheet titled ‘New Partners – Other Partnerships’ which lists the names of all partners | | | | | | | |
|  | | | | | | | |
| Date partnership formed (dd/mm/yyyy) | | | | |  | | |
| Place of formation (Aust. State or country) | | | | | | | |
|  | | | | | | | |
| Partnership principal office (PO boxes cannot be accepted) | | | | | | | |
|  | | | | | | | |
| ACN | | |  | | | | |
| ABN | | |  | | | | |
| Will this corporation be a general partner or limited partner? | | | | | | | |
| General | |  | | Limited | |  |
| Date commenced (dd/mm/yyyy) | | | | |  | | |

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| Name of other partnership. If the partnership does not have a name, you must attach a separate sheet titled ‘New Partners – Other Partnerships’ which lists the names of all partners | | | | | | | | | |
|  | | | | | | | | | |
| Date partnership formed (dd/mm/yyyy) | | | | |  | | | | |
| Place of formation (Aust. State or country) | | | | | | | | | |
|  | | | | | | | | | |
| Partnership principal office (PO boxes cannot be accepted) | | | | | | | | | |
|  | | | | | | | | | |
| ACN | | |  | | | | | | |
| ABN | | |  | | | | | | |
| Will this corporation be a general partner or limited partner? | | | | | | | | | |
| General | |  | | Limited | |  | |
| Date commenced (dd/mm/yyyy) | | | | |  | | | | |
| 1. **Signatures** To be signed by **all** General Partners **OR** by one General Partner authorised by **all** the General Partners for the purposes of S. 91.  If you need more space, photocopy this page as needed and mark them “page…of…pages” | | | | | | | | | |
| Signature of Authorised General Partner |  | | | | | | Date (dd/mm/yyyy) | |  |
| Name (print) |  | | | | | | | | |

OR

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of General Partner |  | Date (dd/mm/yyyy) |  |
| Name (print) |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of General Partner |  | Date (dd/mm/yyyy) |  |
| Name (print) |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of General Partner |  | Date (dd/mm/yyyy) |  |
| Name (print) |  | | |

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| Signature of General Partner |  | Date (dd/mm/yyyy) |  |
| Name (print) |  | | |

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| --- | --- | --- | --- |
| Signature of General Partner |  | Date (dd/mm/yyyy) |  |
| Name (print) |  | | |

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| Execution by a corporation that is a General Partner |  | | | |
|  | | Director/Secretary/Foreign company agent (strike out inapplicable) | | |
| Name (print) |  | | Date (dd/mm/yyyy) |  |
| Name of corporation |  | | | |

|  |  |  |  |  |
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| Execution by a corporation that is a General Partner |  | | | |
|  | | Director/Secretary/Foreign company agent (strike out inapplicable) | | |
| Name (print) |  | | Date (dd/mm/yyyy) |  |
| Name of corporation |  | | | |

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| Execution by Other Partnership.  Signature of one partner of Other Partnership. |  | | |
| Name (print) |  | Date (dd/mm/yyyy) |  |

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| Execution by Other Partnership.  Signature of one partner of Other Partnership. |  | | |
| Name (print) |  | Date (dd/mm/yyyy) |  |

## Contact person for this application

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Daytime Telephone |  |
| Address |  | | |
| Email |  | | |

## 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) or on request.

*This is an approved form for the purposes of Section 91 Partnership Act 1958.*