# Limited partnership application

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

Postal address: GPO Box 4567, Melbourne VIC 3001

Email enquiries: [cav.registration.enquiries@justice.vic.gov.au](mailto:cav.registration.enquiries@justice.vic.gov.au)

Web: [consumer.vic.gov.au/limitedpartnerships](http://consumer.vic.gov.au/limitedpartnerships)

Telephone: 1300 55 81 81

## 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 application fee is **$414.70**.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **What is the proposed name of the Limited Partnership?** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 1. **Is this name currently registered in Victoria under the *National Business Names Registration Act* 2011?** | | | | | | | | | | | | | | | |
| No |  | |  | | Go to **question** **4**. | | | | | | | | | | |
| Yes |  | |  | | Are any of the applicants the owner of the business name? | | | | | | | | | | |
|  | | | | | | No | |  |  | You must choose another name. | | | | | |
| Yes | |  |  | What is the business name registration number   |  | | --- | |  | | | | | | |
|  | | | | | |  | | | | Go to **question 4**. | | | | | |
| 1. **The term of the limited partnership can either be ongoing or you can specify a specific time frame. Do you want to specify a specific time frame for this limited partnership to be registered?** | | | | | | | | | | | | | | | |
| No | |  | |  | | | The term will be ongoing. Go to **question 5**. | | | | | | | | |
| Yes | |  | |  | | | On what date will this limited partnership end? (dd/mm/yyyy) | | | | | | | | |
|  | |  | |  | | |  | | | | | |
| 1. **What is the full address of the principal office of the Limited Partnership?** PO Boxes cannot be accepted. It must be a Victorian street address or your application cannot be processed | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | State |  | | Postcode |  |

|  |  |
| --- | --- |
| 1. **How many general and limited partners does this Limited Partnership have?** | |
| General partners |  |
| Limited partners |  |
|  | Go to **question 7** |

1. **Partners – Individuals**

You must provide details of all individual persons who will be partners in this 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”

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname (family name) | |  | | | | | |
| Full given names | |  | | | | | |
| Residential address (PO boxes cannot be accepted) | |  | | | | Postcode |  |
| Will this person be a general partner or limited partner? | | | | | | | |
| General | |  | 🡺 | Go to **signature of partner** | | | |
| Limited | |  | 🡺 | Give details of the capital this partner will contribute | | | |
| Liability | | | | $ | | | |
| Contributed | | | | $ | | | |
| Outstanding | | | | $ | | | |
| I certify that the contents of this document are true and correct | | | | | | | |
| **Signature of partner** | | | | | | | |
|  | | | | | | | |
| Date (dd/mm/yyyy) |  | | | |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname (family name) | |  | | | | | |
| Full given names | |  | | | | | |
| Residential address (PO boxes cannot be accepted) | |  | | | | Postcode |  |
| Will this person be a general partner or limited partner? | | | | | | | |
| General | |  | 🡺 | Go to **signature of partner** | | | |
| Limited | |  | 🡺 | Give details of the capital this partner will contribute | | | |
| Liability | | | | $ | | | |
| Contributed | | | | $ | | | |
| Outstanding | | | | $ | | | |
| I certify that the contents of this document are true and correct | | | | | | | |
| **Signature of partner** | | | | | | | |
|  | | | | | | | |
| Date (dd/mm/yyyy) |  | | | |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname (family name) | |  | | | | | |
| Full given names | |  | | | | | |
| Residential address (PO boxes cannot be accepted) | |  | | | | Postcode |  |
| Will this person be a general partner or limited partner? | | | | | | | |
| General | |  | 🡺 | Go to **signature of partner** | | | |
| Limited | |  | 🡺 | Give details of the capital this partner will contribute | | | |
| Liability | | | | $ | | | |
| Contributed | | | | $ | | | |
| Outstanding | | | | $ | | | |
| I certify that the contents of this document are true and correct | | | | | | | |
| **Signature of partner** | | | | | | | |
|  | | | | | | | |
| Date (dd/mm/yyyy) |  | | | |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname (family name) | |  | | | | | |
| Full given names | |  | | | | | |
| Residential address (PO boxes cannot be accepted) | |  | | | | Postcode |  |
| Will this person be a general partner or limited partner? | | | | | | | |
| General | |  | 🡺 | Go to **signature of partner** | | | |
| Limited | |  | 🡺 | Give details of the capital this partner will contribute | | | |
| Liability | | | | $ | | | |
| Contributed | | | | $ | | | |
| Outstanding | | | | $ | | | |
| I certify that the contents of this document are true and correct | | | | | | | |
| **Signature of partner** | | | | | | | |
|  | | | | | | | |
| Date (dd/mm/yyyy) |  | | | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname (family name) |  | | | | |
| Full given names |  | | | | |
| Residential address (PO boxes cannot be accepted) |  | | | Postcode |  |
| Will this person be a general partner or limited partner? | | | | | |
| General |  | 🡺 | Go to **signature of partner** | | |
| Limited |  | 🡺 | Give details of the capital this partner will contribute | | |
| Liability | | | $ | | |
| Contributed | | | $ | | |
| Outstanding | | | $ | | |
| I certify that the contents of this document are true and correct | | | | | |

|  |  |  |
| --- | --- | --- |
| **Signature of partner** | | |
|  | | |
| Date (dd/mm/yyyy) |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname (family name) | |  | | | | | |
| Full given names | |  | | | | | |
| Residential address (PO boxes cannot be accepted) | |  | | | | Postcode |  |
| Will this person be a general partner or limited partner? | | | | | | | |
| General | |  | 🡺 | Go to **signature of partner** | | | |
| Limited | |  | 🡺 | Give details of the capital this partner will contribute | | | |
| Liability | | | | $ | | | |
| Contributed | | | | $ | | | |
| Outstanding | | | | $ | | | |
| I certify that the contents of this document are true and correct | | | | | | | |
| **Signature of partner** | | | | | | | |
|  | | | | | | | |
| Date (dd/mm/yyyy) |  | | | |  | | |

1. **Partners – Corporations**You must provide details of all corporations who will be partners in this 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”

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of corporation | |  | | | | | | | | |
| Date of incorporation (dd/mm/yyyy) | |  | | | | | | | | |
| Place of incorporation (Aust. State or country) | |  | | | | | | | | |
| Corporation registered office (PO Boxes cannot be accepted) | |  | | | | | | | | |
| ACN | | | |  | | | | | | |
| ABN | | | |  | | | | | | |
| Will this corporation be a general partner or limited partner? | | | | | | | | | | |
| General | |  | 🡺 | Go to **signature of partner** | | | | | | |
| Limited | |  | 🡺 | Give details of the capital this partner will contribute | | | | | | |
| Liability | | | | $ | | | | | | |
| Contributed | | | | $ | | | | | | |
| Outstanding | | | | $ | | | | | | |
| I certify that the contents of this document are true and correct | | | | | | | | | | |
| **Signature of Director/Secretary/Foreign company agent** | | | | | | | | | | |
|  | | | | | | | | | | |
| Date (dd/mm/yyyy) |  | | | | Position in corporation | | | | | |
| Director |  | Secretary |  | Foreign company agent |  |

|  |  |  |
| --- | --- | --- |
| Name of corporation |  | |
| Date of incorporation (dd/mm/yyyy) |  | |
| Place of incorporation (Aust. State or country) |  | |
| Corporation registered office (PO Boxes cannot be accepted) |  | |
| ACN | |  |
| ABN | |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Will this corporation be a general partner or limited partner? | | | | | | | | | | |
| General | |  | 🡺 | Go to **signature of partner** | | | | | | |
| Limited | |  | 🡺 | Give details of the capital this partner will contribute | | | | | | |
| Liability | | | | $ | | | | | | |
| Contributed | | | | $ | | | | | | |
| Outstanding | | | | $ | | | | | | |
| I certify that the contents of this document are true and correct | | | | | | | | | | |
| **Signature of Director/Secretary/Foreign company agent** | | | | | | | | | | |
|  | | | | | | | | | | |
| Date (dd/mm/yyyy) |  | | | | Position in corporation | | | | | |
| Director |  | Secretary |  | Foreign company agent |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of corporation | |  | | | | | | | | |
| Date of incorporation (dd/mm/yyyy) | |  | | | | | | | | |
| Place of incorporation (Aust. State or country) | |  | | | | | | | | |
| Corporation registered office (PO Boxes cannot be accepted) | |  | | | | | | | | |
| ACN | | | |  | | | | | | |
| ABN | | | |  | | | | | | |
| Will this corporation be a general partner or limited partner? | | | | | | | | | | |
| General | |  | 🡺 | Go to **signature of partner** | | | | | | |
| Limited | |  | 🡺 | Give details of the capital this partner will contribute | | | | | | |
| Liability | | | | $ | | | | | | |
| Contributed | | | | $ | | | | | | |
| Outstanding | | | | $ | | | | | | |
| I certify that the contents of this document are true and correct | | | | | | | | | | |
| **Signature of Director/Secretary/Foreign company agent** | | | | | | | | | | |
|  | | | | | | | | | | |
| Date (dd/mm/yyyy) |  | | | | Position in corporation | | | | | |
| Director |  | Secretary |  | Foreign company agent |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of corporation | |  | | | | | | | | |
| Date of incorporation (dd/mm/yyyy) | |  | | | | | | | | |
| Place of incorporation (Aust. State or country) | |  | | | | | | | | |
| Corporation registered office (PO Boxes cannot be accepted) | |  | | | | | | | | |
| ACN | | | |  | | | | | | |
| ABN | | | |  | | | | | | |
| Will this corporation be a general partner or limited partner? | | | | | | | | | | |
| General | |  | 🡺 | Go to **signature of partner** | | | | | | |
| Limited | |  | 🡺 | Give details of the capital this partner will contribute | | | | | | |
| Liability | | | | $ | | | | | | |
| Contributed | | | | $ | | | | | | |
| Outstanding | | | | $ | | | | | | |
| I certify that the contents of this document are true and correct | | | | | | | | | | |
| **Signature of Director/Secretary/Foreign company agent** | | | | | | | | | | |
|  | | | | | | | | | | |
| Date (dd/mm/yyyy) |  | | | | Position in corporation | | | | | |
| Director |  | Secretary |  | Foreign company agent |  |

## Contact person for this application

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

## How to lodge and pay

**You must pay the application fee of $414.70 at the time of application.** 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: | **$ 414.70** | | | |
| 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: |  | | | |

**When your Limited Partnership is registered** you will receive a Certificate of Registration

## After registration:

* The Certificate of Registration must be displayed in a conspicuous position at the registered office of the limited partnership.
* The words "A Limited Partnership" must appear next to your firm's name on your stationery and documents.
* Using the appropriate form, tell Consumer Affairs Victoria of any changes to the limited partnership (eg change of partners, addresses etc).

## Information on limited partnerships

* There must at all times be in force a written partnership agreement between the partners in a Limited Partnership.
* The registered office of the Limited Partnership must be located in Victoria.
* There must be at least one general partner and a maximum of 20.
* There must be at least one limited partner in a Limited Partnership but there is no maximum.
* On application and payment of the appropriate fee, the Registrar may issue an up-to-date certificate as to the formation and registered particulars of the Limited Partnership.
* Further information about Limited Partnerships is available at [consumer.vic.gov.au/limitedpartnerships](https://www.consumer.vic.gov.au/limitedpartnerships).
* For enquiries, please call 1300 55 81 81.

## 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.

**Office use only**

|  |
| --- |
| Lodged with the Director of Consumer Affairs |

*This is an approved form for the purposes of Section 54 Partnership Act 1958.*