# Incorporated Limited Partnership - Change of particulars of partners

***Partnership Act 1958***

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

Telephone: 1300 55 81 81

## Things to know before starting your application

* Once you have completed and signed this form, you can lodge using our [Limited partnership online form](https://consumer.vic.gov.au/lpform) (consumer.vic.gov.au/lpform).
* The fee is **$65.30**. An officer will contact you by telephone after lodgement to obtain and process credit card payment details. We cannot accept forms containing credit card numbers

**How to complete this form**

Enter text in spaces provided only. Consumer Affairs Victoria (CAV) will not accept your form, nor consider it lodged, if you remove or change any questions or other text.

If completing this form by hand, please complete details in block letters, using a black or blue pen.

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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 |  |

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| 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 |  | | | | | | | |
| Date of birth |  | | Email address | | | |  | |
| 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 |  | | | | | | | |
| Date of birth |  | | Email address | | | |  | |
| 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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| **Corporate 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) |  | | |

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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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| --- | --- | --- | --- |
| 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 |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |  | | |

## How to lodge and pay

Print the form and sign all required declarations.

Submit the completed form using our[Limited partnership online form](https://consumer.vic.gov.au/lpform) (consumer.vic.gov.au/lpform).

**You must pay the fee of $65.30 after lodgement**. There is no GST payable. An officer will contact you by telephone after lodgement to obtain and process credit card details. We cannot accept forms containing credit card numbers.

This form is not taken to have been lodged unless the prescribed fee has been paid.

## Privacy

The information provided on this form will be displayed on the Public Register of Limited Partnerships. Consumer Affairs Victoria is bound by laws that protect your privacy concerning the collection, use and disclosure of your personal information. Where you do not provide the information required by this form, we may refuse or be unable to process this transaction. For more information visit our [Privacy statement](https://consumer.vic.gov.au/privacy) page (consumer.vic.gov.au/privacy).

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