# Notice of Change of Particulars of Partners

# Form P2

***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

* 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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Name of the Limited Partnership** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Registration number of  limited partnership | | | | | |  | | |  | | | |
| 1. **Change in particulars of partners**   (Provide a short statement of change) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 1. **Detail changes of particulars of partners**   (annex further details if necessary)  **Before:** | | | | | | | | | | | | |
| Name |  | | | | | | | ACN Number | |  | | |
| Address | | | | |  | | | | | | | |
| Type of partner | | | | |  | | | | | | | |
| Capital | | | | | | | | | | | | |
| Liability | | | | $ | | Contributed | $ | | Outstanding | | | $ |
|  | | | |  | |  |  | |  | | |  |
| **After:** | | | | | | | | | | | | |
| Name | |  | | | | | Date of change of the Capital  (dd/mm/yyyy) | | | |  | |
| Address | |  | | | | | | | | | | |
| Type of partner | | |  | | | | | | | | | |
| Capital | | | | | | | | | | | | |
| Liability | | | | $ | | Contributed | $ | | Outstanding | | | $ |
| **Before:** | | | | | | | | | | | | |
| Name |  | | | | | | | ACN Number | |  | | |
| Address | | | | |  | | | | | | | |
| Type of partner | | | | |  | | | | | | | |
| Capital | | | | | | | | | | | | |
| Liability | | | | $ | | Contributed | $ | | Outstanding | | | $ |
| **After:** | | | | | | | | | | | | |
| Name | |  | | | | | Date of change of the Capital  (dd/mm/yyyy) | | | |  | |
| Address | |  | | | | | | | | | | |
| Type of partner | | |  | | | | | | | | | |
| Capital | | | | | | | | | | | | |
| Liability | | | | $ | | Contributed | $ | | Outstanding | | | $ |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 1. **Unaltered particulars of partners**   (annex further details if necessary) | | | | | | | | | | | | |
| Name |  | | | | | | | ACN Number | |  | | |
| Address | | | | |  | | | | | | | |
| Type of partner | | | | |  | | | | | | | |
| Capital | | | | | | | | | | | | |
| Liability | | | | $ | | Contributed | $ | | Outstanding | | | $ |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | ACN Number | |  | |
| Address | | |  | | | | | | |
| Type of partner | | |  | | | | | | |
| Capital | | | | | | | | | |
| Liability | | $ | | Contributed | $ | | Outstanding | | $ |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | ACN Number | | |  | | |
| Address | | |  | | | | | | | | | | |
| Type of partner | | |  | | | | | | | | | | |
| Capital | | | | | | | | | | | | | |
| Liability | | $ | | | | Contributed | $ | | | Outstanding | | | $ |
| 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 P2, section *(No.).* | | | | | | | | | | | | | |
| Signed by me (Print name) | | | | |  | | | | Date (dd/mm/yyyy) | | |  | |
| 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.**   **And**  **If the change relates to the admission of a Limited Partner or change in the liability of a Limited Partner, by the partner concerned.** | | | | | | | | | | | | | |
| Signature *(Authorised General Partner)* | | | |  | | | | | | | | | |
| Name *(print)* | | | |  | | | | | | | | | |
| Date (dd/mm/yyyy) | | | |  | | | | | | | | | |

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

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

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Signature *(Authorised General Partner)* | |  | |
| Name *(print)* | |  | |
| Date (dd/mm/yyyy) | |  | |
| **Execution by a corporation** | | | |
| Signature |  | | |
|  | | | Director/Secretary/Foreign company agent *(Strike out whichever inapplicable)* |
| Name *(print)* | | |  |
| Name of corporation | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature | |  | | | |
|  | | | Director/Secretary/Foreign company agent *(Strike out whichever inapplicable)* | | |
| Name *(print)* | | |  | | |
| Name of corporation | | |  | | |
| **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 payment details. We cannot accept forms containing credit card numbers.

The form is not taken to have been lodged until 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 56 *Partnership Act 1958.*