NSW GOVERNMENT | Fair Trading

ABN 81 913 830 179

Office Use Only

LP1 - APPLICATION FOR REGISTRATION OF A LIMITED PARTNERSHIP

Fee - $396.00

1. Contact details of the person lodging this application

Name:

Address:

Postcode:

Daytime Phone Number:

2. What is the proposed name of the Limited Partnership?

3. Registered Office Address

A Limited Partnership must have an address in New South Wales.

A post office box is not acceptable as the registered office address.

What is the registered office address for the Limited Partnership?

Address:

Postcode:

4. Postal Address

A postal address may be nominated for the Limited Partnership.

A post office box is acceptable.

What is the postal address for the Limited Partnership?

Address:

Postcode:

5. Number of Partners

A Limited Partnership must have at least one general partner and one limited partner.

There can be no more than 20 general partners.

(a) How many General Partners are there?

(b) How many Limited Partners are there?

6. Provisions that will apply should the partnership be dissolved

Have the proposed Partners agreed to provisions that will apply should the proposed partnership be dissolved?

☐ YES (Please attach a copy of the provisions that have been agreed to)

OR

☐ NO

7. Partners

(a) INDIVIDUALS

Individuals must provide their residential address. A post office box address is not acceptable.

Full name of individual:

Residential Address:

Postcode:

Date of Birth:

Place of Birth:
(Town and State or Country if overseas)

This person will be a: ☐ GENERAL PARTNER

OR

☐ LIMITED PARTNER

For Limited Partner, the limit of liability is:

Certification: I certify that the information provided in this application is true and correct. I have read and understand the Statement under the *Privacy and Personal Information Protection Act 1998*.

Signature:

Date:

Full name of individual:

Residential Address:

Postcode:

Date of Birth:

Place of Birth:
(Town and State or Country if overseas)

This person will be a: ☐ GENERAL PARTNER

OR

☐ LIMITED PARTNER

For Limited Partner, the limit of liability is:

Certification: I certify that the information provided in this application is true and correct. I have read and understand the Statement under the *Privacy and Personal Information Protection Act 1998*.

Signature:

Date:

7. Partners - Continued

(a) INDIVIDUALS

Individuals must provide their residential address. A post office box address is not acceptable.

Full name of individual:

Residential Address:

Postcode:

Date of Birth:

Place of Birth:
(Town and State or Country if overseas)

This person will be a:

☐ GENERAL PARTNER

OR

☐ LIMITED PARTNER

For Limited Partner, the limit of liability is:

Certification: I certify that the information provided in this application is true and correct. I have read and understand the Statement under the *Privacy and Personal Information Protection Act 1998*.

Signature:

Date:

Full name of individual:

Residential Address:

Postcode:

Date of Birth:

Place of Birth:
(Town and State or Country if overseas)

This person will be a:

☐ GENERAL PARTNER

OR

☐ LIMITED PARTNER

For Limited Partner, the limit of liability is:

Certification: I certify that the information provided in this application is true and correct. I have read and understand the Statement under the *Privacy and Personal Information Protection Act 1998*.

Signature:

Date:

More than 4 individuals as partners? Please copy this page as required.

7. Partners - Continued

(b) CORPORATIONS

Corporations must provide their registered office address. A post office box address is not acceptable.

Full name of Corporation:

Registered Office Address:

Postcode:

ACN:

Place of Incorporation:
(Australian State or Country if overseas)

This corporation will be a: ☐ GENERAL PARTNER

OR

☐ LIMITED PARTNER

For Limited Partner, the limit of liability is:

Certification: I certify that the information provided in this application is true and correct. I have read and understand the Statement under the *Privacy and Personal Information Protection Act 1998*.

Signature:

Full name of person signing:

Position held: Please tick one box only ☐ Director ☐ Secretary ☐ Authorised Officer

Date:

Full name of Corporation:

Registered Office Address:

Postcode:

ACN:

Place of Incorporation:
(Australian State or Country if overseas)

This corporation will be a: ☐ GENERAL PARTNER

OR

☐ LIMITED PARTNER

For Limited Partner, the limit of liability is:

Certification: I certify that the information provided in this application is true and correct. I have read and understand the Statement under the *Privacy and Personal Information Protection Act 1998*.

Signature:

Full name of person signing:

Position held: Please tick one box only ☐ Director ☐ Secretary ☐ Authorised Officer

Date:

More than 2 Corporations as partners? Please copy this page as required.

7. Partners - Continued

(c) PARTNERSHIPS

Partnerships must provide their registered office address. A post office box address is not acceptable.

Full name of Partnership:

Registered Office Address:

Postcode:

Registration Number:

Place of Registration:
(Australian State or Country if overseas)

Date partnership commenced as a partner:

This partnership will be a: ☐ GENERAL PARTNER

OR

☐ LIMITED PARTNER

For Limited Partner, the limit of liability is:

Signature of Limited Partner

Full name of person signing:

NOTE: Where the commencing Partner is a Limited Partnership, the signature of each General Partner of that Limited Partnership, or the signature of a General Partner authorised by all the General Partners of that Partnership, is required.

Please indicate the capacity of the signatory:

☐ Authorised General Partner of the Limited Partnership commencing as a Limited Partner

☐ The signatures of all General Partners of the Limited Partnership commencing as a Limited Partner are attached

Full name of Partnership:

Registered Office Address:

Postcode:

Registration Number:

Place of Registration:
(Australian State or Country if overseas)

Date partnership commenced as a partner:

This partnership will be a: ☐ GENERAL PARTNER

OR

☐ LIMITED PARTNER

For Limited Partner, the limit of liability is:

Signature of Limited Partner

Full name of person signing:

NOTE: Where the commencing Partner is a Limited Partnership, the signature of each General Partner of that Limited Partnership, or the signature of a General Partner authorised by all the General Partners of that Partnership, is required.

Please indicate the capacity of the signatory:

☐ Authorised General Partner of the Limited Partnership commencing as a Limited Partner

☐ The signatures of all General Partners of the Limited Partnership commencing as a Limited Partner are attached

More than 2 Partnerships as partners? Please copy this page as required.

IMPORTANT INFORMATION

Statement under the *Privacy and Personal Information Protection Act 1998*:

The applicant for this registration:

1. Authorises NSW Fair Trading to make any enquiries and to receive and disclose any information which is relevant to the applicant's initial and ongoing eligibility to hold this registration;

2. Acknowledges that information will be placed on a register open to the public;

3. Accepts that failure to supply information required on this application form may delay the processing of the application;

4. Has a right to seek access to and correction of information supplied.

Lodging the application

You can lodge this application in person at any Service NSW Centre or mail it to:

Registry Services
PO Box 22
Bathurst NSW 2795
Enquiries: 1800 502 042

Please note that applications will not be processed on the spot by Service NSW Centres.

For the address of your nearest Service NSW Centre please telephone 13 32 20 or visit www.fairtrading.nsw.gov.au.

Paying the application fee

Please note that fees are normally reviewed effective 1 July each year. Application fees are not subject to GST.

If lodging in person you can pay the fee by cheque, money order, cash, credit card or EFTPOS.

If lodging by mail, you can pay the fee by cheque or money order. Cheques and money orders should be payable to "NSW Fair Trading". Please do not send credit card details or cash through the mail.

Receipts will be issued on request.

Certificate of Registration

A certificate of registration will be issued if the application is successful.

Changes in any of the registered particulars

You must notify NSW Fair Trading of any changes in the registered particulars of the Limited Partnership within 7 days of the change occurring. "Registered particulars" has the same meaning as defined in s.49 of the *Partnership Act 1892* and includes names, addresses, partners ceasing or commencing, whether a partner is a limited or general partner and the limitation of liability of a limited partner.

You must notify NSW Fair Trading if the limited partnership is dissolved or ceases to carry on business.

Forms for making these notifications are available from www.fairtrading.nsw.gov.au or can be requested by calling 1800 502 042.

Registering a business name

The name of a Limited Partnership registered in New South Wales does not also need to be registered as a business name, so long as business is conducted under the full registered Limited Partnership name.

Identification of Limited Partnerships

Any document issued on behalf of a Limited Partnership in connection with the partnership's business must contain the words "A Limited Partnership" (or "L.P." or "LP" as an abbreviation) at the end of the full registered name.