

LPF04

This form is effective from 1 July 2025

Notification of registration or recognition for incorporated limited partnership

Limited Partnerships Act 2016 48 (1) and (2)

Please read this information before completing this form

ABOUT THIS FORM

Use this form to provide notification when an incorporated limited partnership has:

- attained registration or recognition as VCLP, ESVCLP, AFOD or VCMP; or
- not attained registration or recognition as a VCLP, ESVCLP, AFOD or VCMP within two years of being registered.

HOW TO COMPLETE THIS FORM

- You can complete this form onscreen and then print it, or print it first and complete it by hand.
- If completing by hand, please use a **blue or black pen** and write in **BLOCK LETTERS**
- **Complete question 1,2 and 5 in every case.**
- **Only complete the question 3 OR 4 if relevant for notification being made.**

FEES

Please refer to [Fees and forms for limited partnerships](#) webpage for current application fees. GST is not payable on these fees.

HOW TO LODGE AND PAY

Once you have completed this form and prepared your supporting documents, you can lodge it using one of the following methods:

In person:	Submit your completed form and documents at: Cashier Services Level 1, Mason Bird Building 303 Sevenoaks Street CANNINGTON Opening hours: 8:30 am to 4:30 pm (weekdays)
By post	• Credit card or Bpay: You will receive a Payment Number (PN) after your form is received. Use this number to pay via Consumer Protection's secure online payment portal at: https://payportal.dmirs.wa.gov.au/. • Cheque or money order: Make payable to "Department of Local Government, Industry Regulation and Safety" and post it with your completed form to: Department of Local Government, Industry Regulation and Safety Associations and Charities Locked Bag 14 CLOISTERS SQUARE PERTH WA 6850

WHAT HAPPENS NEXT

- The form and supporting documents will be reviewed. We will contact you in writing if further information is needed.
- This form may not be processed if it is incomplete or is not completed correctly, is received without payment, and or is not accompanied by any necessary supporting documents.
- If any of the provided information changes after submission, please notify Consumer Protection as soon as possible.

PRIVACY

Consumer Protection at the Department of Local Government, Industry Regulation and Safety (LGIRS) is collecting and holding information supplied for the purposes of the *Limited Partnerships Act 2016* (the Act).

In accordance with the Act, information on this form will be recorded in the Register of Limited Partnerships. A copy of the Register is available for inspection by the public upon payment of a prescribed fee. In other instances, information on this form can be disclosed without your consent where authorised or required by law.

CONTACT

For assistance with completing this form, or information about the progress of an application, contact the Consumer Protection on:

Telephone **1300 30 40 74 or (08) 6552 9300** (8:30 am to 4:30 pm weekdays)

Email ltdpartnerships@lgirs.wa.gov.au

Website <https://www.consumerprotection.wa.gov.au/limited-partnerships>

The above information is intended as a guide only and is included to assist you in completing and lodging this form. This page is not part of the form. If required, professional advice should be obtained regarding the matters dealt with in this form

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OFFICE USE ONLY

1. Contact details of person lodging this application

The name and contact details of the person with whom we can discuss this application.

Title	Name	Surname
Email	Telephone	
Address		
Suburb	State	Postcode

2. Incorporated limited partnership details

Name of the incorporated limited partnership	
Registration Number	Date of registration (dd/mm/yyyy)

3. The incorporated limited partnership is now registered or recognised as a:

(a) Venture Capital Limited Partnership (VCLP)

☐ Evidence of this registration is attached.	Date of registration (dd/mm/yyyy)

OR

(b) Early Stage Venture Capital Limited Partnership (ESVCLP)

☐ Evidence of this registration is attached.	Date of registration (dd/mm/yyyy)

OR

(c) Australian Venture Capital Fund of Funds (AFOF)

☐ Evidence of this registration is attached.	Date of registration (dd/mm/yyyy)

OR

(d) Venture Capital Management Partnership (VCMP)

☐ A statement to this effect is attached.	Date of recognition (dd/mm/yyyy)

4. The incorporated limited partnership has not attained registration or recognition as a:

(a) Venture Capital Limited Partnership (VCLP)

☐ The incorporated limited partnership has NOT been registered as a VCLP.

OR

(b) Early Stage Venture Capital Limited Partnership (ESVCLP)

☐ The incorporated limited partnership has NOT been registered as a ESVCLP

OR

(c) Australian Venture Capital Fund of Funds (AFOF)

☐ The incorporated limited partnership has NOT been registered as a AFOF.

OR

(d) Venture Capital Management Partnership (VCMP)

☐ The incorporated limited partnership has NOT been registered as a VCMP.

5. Certification and signature

NOTE: This notification must be signed by all general partners, or a general partner authorised by all the general partners.

Certification

- I / we declare that the contents of this document are, to the best of my / our knowledge and belief, complete, correct and true.
- I / we understand that, under section 97 of the *Limited Partnerships Act 2016*, it is an offence to lodge a document that is false or misleading in a material matter, whether by statement or omission; and
- I / we acknowledge that the information will be placed on the register available to the public.

(a) Signature of an authorised general partner

Full name of general partner authorised by all the general partners to sign this notification

Signature

Date of signed (dd/mm/yyyy)

Position held if signing on behalf of corporation:

☐ Director

☐ Authorised Officer

(b) Signature of all general partners

Full name of general partner 1

Signature

Date of signed (dd/mm/yyyy)

Position held if signing on behalf of corporation:

☐ Director

☐ Authorised Officer

Full name of general partner 2

Signature

Date of signed (dd/mm/yyyy)

Position held if signing on behalf of corporation:

☐ Director

☐ Authorised Officer

More than 2 general partners required to sign? Please copy this page as required