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| A close-up of a sign  AI-generated content may be incorrect.A logo with a green umbrella  AI-generated content may be incorrect. | | | | | | | | | | | | | | | | | | |
| **LPF05** | | | | | This form is effective from 1 July 2025 | | | | | | | | | | | | | |
| Notice of dissolution or cessation of a limited partnership | | | | | | | | | | | | | | | | | | |
| *Limited Partnerships Act 2016 s28* | | | | | | | | | | | | | | | | | | |
| **Please read this information before completing this form** | | | | | | | | | | | | | | | | | | |
| **ABOUT THIS FORM** | | | | | | | | | | | | | | | | | | |
| Use this form to notify of the dissolution or cessation of a limited partnership, in accordance with the *Limited Partnerships Act 2016*. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **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 all questions of the form** | | | | | | | | | | | | | | | | | | |
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| **FEES** | | | | | | | | | | | | | | | | | | |
| There is no fee to submit this form | | | | | | | | | | | | | | | | | | |
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| **HOW TO LODGE AND PAY** | | | | | | | | | | | | | | | | | | |
| Once you have completed this form, you can lodge it using one of the following methods: | | | | | | | | | | | | | | | | | | |
| **By email** | | | | | | | [**ltdpartnerships@lgirs.wa.gov.au**](mailto:ltdpartnerships@lgirs.wa.gov.au) | | | | | | | | | | | |
| **By post** | | | | | | | Department of Local Government, Industry Regulation and Safety  Associations and Charities  Locked Bag 14  CLOISTERS SQUARE PERTH WA 6850 | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **WHAT HAPPENS NEXT** | | | | | | | | | | | | | | | | | | |
| * We will review our form and contact you in writing if further information is needed. * If the form is completed correctly, the limited partnerships dissolution or cessation recorded. * If any of the provided information changes after submission, please notify Consumer Protection as soon as possible. | | | | | | | | | | | | | | | | | | |
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| **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 or more information contact 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**](mailto:ltdpartnerships@lgirs.wa.gov.au) | | | | | | | | | | | | | | |
| Website | | | | [**https://www.consumerprotection.wa.gov.au/limited-partnerships**](https://www.consumerprotection.wa.gov.au/limited-partnerships) | | | | | | | | | | | | | | |
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| A close-up of a sign  AI-generated content may be incorrect.A logo with a green umbrella  AI-generated content may be incorrect. | | | | | | | | | | | | | | | | | | |
| **LPF05** | | | | | | | |  | | | | | | | | | | |
| Notice of dissolution or cessation of a limited partnership | | | | | | | | | | | | | | | | | | |
| *Limited Partnerships Act 2016 s28* | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | |  |
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|  | Address | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | |  |
|  | Suburb | | | | | | | |  | | State | | | |  | Postcode | |  |
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| 1. **Incorporated limited partnership details** | | | | | | | | | | | | | | | | | | |
|  | Name of the incorporated limited partnership | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | |  |
|  | Registration Number | | | | | | | |  | |  | | | | | | |  |
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| 1. **Dissolution or cessation** | | | | | | | | | | | | | | | | | | |
|  | Date of dissolution or cessation (dd/mm/yyyy) | | | | | | | |  | |  | | | | | | |  |
|  |  | | | | | | | |  | |  | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | |
| 1. **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. | | | | | | | | | | | | | | | | | | |
| * 1. **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 | | | | |  | |
| 1. **Certification and Signature (cont.)** | | | | | | | | | | | | | | | | | | |
| * 1. **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 | | | | |  | |
|  | Full name of general partner 3 | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | |  | |
|  | Signature | | | | | | | | | | | |  | Date of signed (dd/mm/yyyy) | | |  | |
|  |  | | | | | | | | | | | |  |  | |
|  | | |
|  | Position held if signing on behalf of corporation: | | | | | | | | | | | | | | | |  | |
|  | □ | Director | | | | | | | | □ | | Authorised Officer | | | | |  | |
|  | Full name of general partner 4 | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | |  | |
|  | Signature | | | | | | | | | | | |  | Date of signed (dd/mm/yyyy) | | |  | |
|  |  | | | | | | | | | | | |  |  | |
|  | | |
|  | Position held if signing on behalf of corporation: | | | | | | | | | | | | | | | |  | |
|  | □ | Director | | | | | | | | □ | | Authorised Officer | | | | |  | |
| **More than 4 general partners required to sign?** Please copy this page as required | | | | | | | | | | | | | | | | | | |