Department of **Local Government, Industry Regulation and Safety**

GOVERNMENT OF WESTERN AUSTRALIA

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**

FEES

There is no fee to submit this form

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
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.

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

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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

3. Dissolution or cessation

Date of dissolution or cessation (dd/mm/yyyy)

4. 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

5. Certification and Signature (cont.)

(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

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