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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. |
| **LPF06** | This form is effective from 1 July 2025 |
| Notice of revocation or cessation of registration as an incorporated limited partnership |
| *Limited Partnerships Act 2016 s48(4)* |
| **Please read this information before completing this form** |
| **ABOUT THIS FORM**  |
| This form is to be used to give notice where:* The registration of an incorporated limited partnership as an VCLP, ESVCLP, or AFOF is revoked
* An incorporated limited partnership ceased to be a VCMP.
* An incorporated limited partnership ceased to carry on business
 |
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| **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 al 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 CharitiesLocked 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. |

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| **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**](https://www.consumerprotection.wa.gov.au/limited-partnerships) |
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| **LPF06** |  |
| Notice of revocation or cessation of registration for an incorporated limited partnership |
| *Limited Partnerships Act 2016 48 (4)* |
| **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 |  |
|  |  |  |  |  |  |  |
|  |
| 1. **Incorporated limited partnership details**
 |
|  | Name of the incorporated limited partnership  |  |
|  |  |  |
|  | Registration Number |  |  |  |
|  |  |  |  |  |
|  |
| 1. **Revocation of registration**
 |
|  | The incorporated limited partnership was previously registered under the *Venture Capital Act 2002* (Clth) as a |  |
|  | □ | Venture Capital Limited Partnership (VCLP) |  |
|  | □ | Early Stage Venture Capital Limited Partnership (ESVCLP) |  |
|  | □ | Australian Venture Capital Fund of Funds (AFOF) |  |
|  | Date registration as VCLP, ESVLP or AFOF was revoked |  |
|  |  | (dd/mm/yyyy) |  |
|  |
| 1. **Cessation of recognition as a venture capital management partnership**
 |
|  | The incorporated limited partnership was previously recognised as a Venture Capital Management Partnership (VCMP) and ceased to be recognised as a VCMP on: |  |
|  |  | (dd/mm/yyyy) |  |
|  |
| 1. **Ceasing to carry on business**
 |
|  | The incorporated limited partnership ceased to carry on business on: |  |
|  |  | (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. **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 |  |
| **More than 3 general partners required to sign?** Please copy this page as required |