

LPF01

This form is effective from 1 July 2026

Application for registration of a limited partnership

Limited Partnerships Act 2016 s16

Please read this information before completing this form

ABOUT THIS FORM

Use this form to apply to register a limited partnership under 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 questions 1 to 5 in every case.**
- **Complete question 7a, 7b or 7c depending on the type of partners forming the partnership**

RELATED INFORMATION

- A limited partnership (LP) is a relationship between two or more persons carrying on a business together with a view to profit. In this arrangement:
 - At least one partner (called **general partners**) manages the partnerships business and has **unlimited liability for the partnership's debts and obligations**
 - One or more other partners (called **limited partner**) have **limited liability for the partnership's debts and obligations** and are only responsible for the partnership's debts up to the amount they agreed to contribute.
- LPs must have:
 - At least one general partner and one limited partner.
 - No more than **20 general partners**,
 - **Any number of limited partners.**
- **General partners** must not be:
 - insolvent
 - convicted of certain offences involving fraud or dishonesty
 - otherwise prohibited under the *Limited Partnerships Act 2016*.
- **Limited partners** must not participate in managing the partnerships business. If they do, they may be treated as general partners.
- The proposed firm name of the LP must not be:
 - identical to or likely to be confused with a name registered under the *Business Names Act 2011* or another body corporate.
 - Undesirable or misleading.

After registration

- The LP is formed upon its registration with Consumer Protection.
- The words "L.P.", "LP", or "Limited Partnership" must appear at the end of the firm name on all documents and stationery issued by the LP.
- LPs must notify Consumer Protection of any changes to the LP's particulars (e.g. change of partners, addresses, contribution amounts etc.) within 7 days of the change occurring.
- If the LP is dissolved or ceases to carry on business, it must notify Consumer Protection as soon as practicable.

FEES

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

If you lodge this form by post or email, you will be emailed a Payment Number (PN) to make payment by BPAY or a credit card through our secure online payment portal.

HOW TO LODGE

You can lodge your completed form:

In person:

Customer Service
Level 1, Mason Bird Building
303 Sevenoaks Street, CANNINGTON

Hours: 8:30 am to 4:30 pm (weekdays)

By post:

Associations and Charities
Department of Local Government, Industry
Regulation and Safety
Locked Bag 14
CLOISTERS SQUARE PERTH WA 6850

By email:

ltdpartnerships@lgirs.wa.gov.au

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 the LP is registered, you will be issued a Certificate of Registration which it must display at the LP's registered office in WA.
- If any of the provided information changes after submission, please notify Consumer Protection as soon as possible.

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.

LPF01

Application for registration of a limited partnership

Limited Partnerships Act 2016 s16

OFFICE USE ONLY

When completed, this form is classed as "OFFICIAL SENSITIVE"

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Telephone	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. What is the proposed firm name of the limited partnership?

3. What is the registered office address for the limited partnership?

*A limited partnership must have an office in Western Australia. Post Office addresses are **not acceptable**.*

Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text" value="WA"/>	<input type="text"/>

4. What is the postal address for the limited partnership?

A contact address may be nominated for the Limited Partnership. A post office box is acceptable.

Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Number of general partners	Number of limited partners
<input type="text"/>	<input type="text"/>

FORM CONTINUES NEXT PAGE

6. Privacy Collection Notice

The Department of Local Government, Industry Regulation and Safety (LGIRS) collects the personal information you provide through this form to administer the *Limited Partnerships Act 2016 (WA)*, including assessing applications, processing notifications and maintaining records to support regulatory functions. For more information about how your personal information is handled, including disclosures and your privacy rights, please see the full [Privacy Collection Notice](#) on our website.

7a. Partners – Individuals

Provide details of all **INDIVIDUAL** partners in this Limited Partnership and whether they are a general or limited partner.

Individual 1

Title	First / Given Name(s)	Family / Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	Place of birth	
<input type="text"/>	<input type="text"/>	
Residential address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

This person will be a: GENERAL PARTNER
 LIMITED PARTNER ►

The partner's liability is limited to the agreed contribution amount set out below

Agreed contribution amount:	\$
Amount paid:	\$
Amount unpaid:	\$

I declare that:

- The contents of this document are, to the best of my knowledge and belief, complete, correct and true.
- I have read and understand the Privacy Collection Notice.
- I 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.

Signature

Date signed (dd/mm/yyyy)

FORM CONTINUES NEXT PAGE

6a. Partners – Individuals (cont.)

Individual 2

Title First / Given Name(s) Family / Surname

Date of birth (dd/mm/yyyy) Place of birth

Residential address

Suburb State Postcode

This person will be a: GENERAL PARTNER
 LIMITED PARTNER ►

The partner's liability is limited to the agreed contribution amount set out below

Agreed contribution amount:	\$ <input type="text"/>
Amount paid:	\$ <input type="text"/>
Amount unpaid:	\$ <input type="text"/>

I declare that:

- The contents of this document are, to the best of my knowledge and belief, complete, correct and true.
- I have read and understand the Privacy Collection Notice.
- I 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.

Signature Date signed (dd/mm/yyyy)

Individual 3

Title First / Given Name(s) Family / Surname

Date of birth (dd/mm/yyyy) Place of birth

Residential address

Suburb State Postcode

This person will be a: GENERAL PARTNER
 LIMITED PARTNER ►

The partner's liability is limited to the agreed contribution amount set out below

Agreed contribution amount:	\$ <input type="text"/>
Amount paid:	\$ <input type="text"/>
Amount unpaid:	\$ <input type="text"/>

I declare that:

- The contents of this document are, to the best of my knowledge and belief, complete, correct and true.
- I have read and understand the Privacy Collection Notice.
- I 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.

Signature Date signed (dd/mm/yyyy)

More than 3 individuals as partners? Please copy this page as required

FORM CONTINUES NEXT PAGE

6b. Partners – Corporations

Provide details of all CORPORATION partners in this Limited Partnership and whether they are a general or limited partner.

Corporation 1

Full name of corporation

Place of incorporation (Aust State or Country if overseas)

Australian Company Number (ACN)

Registered office address (PO Box addresses **cannot** be accepted)

Suburb

State

Postcode

This corporation will be a: GENERAL PARTNER

LIMITED PARTNER ►

The partner's liability is limited to the agreed contribution amount set out below

Agreed contribution amount: \$

Amount paid: \$

Amount unpaid: \$

I declare that:

- The contents of this document are, to the best of my knowledge and belief, complete, correct and true.
- I have read and understand the Privacy Collection Notice.
- I understand that, under section 97 of the *Limited Partnerships Act 2016*, it is an offence to lodge with the Consumer Protection a document that is false or misleading in a material matter, whether by statement or omission.

Signature of Director

Date signed (dd/mm/yyyy)

Full name of Director

Corporation 2

Full name of corporation

Place of incorporation (Aust State or Country if overseas)

Australian Company Number (ACN)

Registered office address (PO Box addresses **cannot** be accepted)

Suburb

State

Postcode

This corporation will be a: GENERAL PARTNER

LIMITED PARTNER ►

The partner's liability is limited to the agreed contribution amount set out below

Agreed contribution amount: \$

Amount paid: \$

Amount unpaid: \$

I declare that:

- The contents of this document are, to the best of my knowledge and belief, complete, correct and true.
- I have read and understand the Privacy Collection Notice.
- I 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.

Signature of Director

Date signed (dd/mm/yyyy)

Full name of Director

More than 2 corporations as partners? Please copy this page as required

FORM CONTINUES NEXT PAGE

6c. Partners – Other partnerships

Provide details of all OTHER PARTNERSHIP partners in this Limited Partnership and whether they are a general or limited partner.

Partnership 1

Full name of partnership

Place of registration (Aust State or Country if overseas)

Registration number

Registered office address (PO Box addresses **cannot** be accepted)

Suburb

State

Postcode

This corporation will be a: GENERAL PARTNER

LIMITED PARTNER ►

The partner's liability is limited to the agreed contribution amount set out below:

Agreed contribution amount: \$

Amount paid: \$

Amount unpaid: \$

I declare that:

- The contents of this document are, to the best of my knowledge and belief, complete, correct and true.
- I have read and understand the Privacy Collection Notice.
- I 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.

Signature of General Partner

Date signed (dd/mm/yyyy)

Full name of General Partner

Partnership 2

Full name of partnership

Place of registration (Aust State or Country if overseas)

Registration number

Registered office address (PO Box addresses **cannot** be accepted)

Suburb

State

Postcode

This corporation will be a: GENERAL PARTNER

LIMITED PARTNER ►

The partner's liability is limited to the agreed contribution amount set out below:

Agreed contribution amount: \$

Amount paid: \$

Amount unpaid: \$

I declare that:

- The contents of this document are, to the best of my knowledge and belief, complete, correct and true.
- I have read and understand the Privacy Collection Notice.
- I 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.

Signature of General Partner

Date signed (dd/mm/yyyy)

Full name of General Partner

More than 2 partnerships as partners? Please copy this page as required