

LPF02

This form is effective from 1 July 2026

## Application for registration of an incorporated limited partnership

*Limited Partnerships Act 2016 s45,46 and 47*

### Please read this information before completing this form

#### ABOUT THIS FORM

Use this form to apply to register an incorporated limited partnership (ILP) under the *Limited Partnerships Act 2016*.

To be eligible, the partnership must be:

- a venture capital limited partnership (VCLP)
- an early stage venture capital limited partnership (ESVCLP)
- an Australian venture capital fund of funds (AFOF)
- a venture capital management partnership (VCMP)
- or intending to be any of the above.

#### 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 6 in every case.**
- **Complete question 8a, 8b or 8c depending on the type of partners forming the partnership**

#### RELATED INFORMATION

- An Incorporated limited partnership (ILP) is a type of limited partnership which creates a separate legal entity responsible for all its own debts and obligations. 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.
- ILP's are commonly used for high-risk venture capital projects.
- **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.
- A written partnership agreement must be in force at all times between the partners in an ILP.

#### After registration

- The ILP is formed upon registration with Consumer Protection.
- The words "I.L.P.", "ILP", or "an Incorporated Limited Partnership" must appear at the end of the firm name on all documents and stationery issued by the ILP.
- ILPs do not need to register a business name if the business is conducted under the full registered name.
- ILP's must notify Consumer Protection of any changes to the ILP's particulars (e.g. change of partners, addresses, contribution amounts etc.) within 7 days of the change occurring.
- If the ILP is dissolved or ceases to carry on business, it must notify Consumer Protection as soon as practicable.

## RELATED INFORMATION (cont.)

- If the ILP is registered on the basis of **intending to apply for** registration or recognition as a **VCLP, ESVCLP AFOF or VCMP** it must attain registration or recognition within two years of registration and notify Consumer Protection
  - Within one month attaining registration or recognition; or
  - As soon as practicable after the two-year period if registration or recognition is not attained.

## 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](mailto: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 ILP is registered, you will be issued a Certificate of Registration which it must display at the ILP'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](mailto: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.**

## LPF02

# Application for registration of an incorporated limited partnership

Limited Partnerships Act 2016 s45,46 and 47

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 incorporated limited partnership?

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

An incorporated 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 incorporated limited partnership?

A contact address may be nominated for the incorporated limited partnership. A post office box is acceptable.

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

FORM CONTINUES NEXT PAGE

## 5. Number of partners

*Incorporated limited partnerships must have at least one, but no more than 20 general partners and at least one limited partner.*

Number of general partners

Number of limited partners

## 6. How does the partnership meet the requirements for registration as an incorporated limited partnership?

### (a) Venture Capital Limited Partnership

- The partnership is currently registered as a Venture Capital Limited Partnership (VCLP) in accordance with Part 2 of the Venture Capital Act 2002 (Cth). Evidence of this registration is attached.

**OR**

- The partnership intends to apply for registration as a Venture Capital Limited Partnership (VCLP) in accordance with Part 2 of the Venture Capital Act 2002 (Cth).

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

- The partnership is currently registered as an Early Stage Venture Capital Limited Partnership (ESVCLP) in accordance with Part 2 of the Venture Capital Act 2002 (Cth). Evidence of this registration is attached.

**OR**

- The partnership intends to apply for registration as an Early Stage Venture Capital Limited Partnership (ESVCLP) in accordance with Part 2 of the Venture Capital Act 2002 (Cth).

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

- The partnership is currently registered as an Australian Venture Capital Fund of Funds in accordance with Part 2 of the Venture Capital Act 2002 (Cth). Evidence of this registration is attached.

**OR**

- The partnership intends to apply for registration as an Australian Venture Capital Fund of Funds in accordance with Part 2 of the Venture Capital Act 2002 (Cth).

### (d) Venture Capital Management Partnership

- The partnership is a Venture Capital Management Partnership within the meaning of s.94D(3) of the Income Tax Assessment Act 1936 (Cth).

**OR**

- The partnership intends to meet the requirements for recognition as a Venture Capital Management Partnership within the meaning of s.94D(3) of the Income Tax Assessment Act 1936 (Cth).

## 7. 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.

FORM CONTINUES NEXT PAGE

## 8a. 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)

### Individual 2

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)

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

FORM CONTINUES NEXT PAGE

## 8b. 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

## 8c. 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