



**LPF05**

This form is effective from 1 July 2026

## 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 advice of the dissolution or cessation of 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 al questions of the form**

### FEES

There is no fee to submit this form

### HOW TO LODGE

You can lodge your completed form:

#### 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

- 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.

### 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>

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.

## LPF05

# Notice of dissolution or cessation of a limited partnership

*Limited Partnerships Act 2016 48 (1) and (2)*

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. Incorporated limited partnership details

Name of the incorporated limited partnership
<input type="text"/>
Registration Number
<input type="text"/>

### 3. Dissolution or cessation

Date of dissolution or cessation (dd/mm/yyyy)
<input type="text"/>

### 4. 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.

## 5. 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 have read and understand the Privacy Collection Notice.
- 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

#### (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