



APPLICATION FOR CHANGES IN REGISTERED PARTICULARS OF A LIMITED PARTNERSHIP

IMPORTANT INFORMATION

Change of name of the Limited Partnership

If you are applying to change the name of the Limited Partnership, you must not commence using the new name until we have issued a certificate of registration to you showing that new name.

1. Contact details of the person lodging this application

Name:
Address:
Postcode:
Daytime Phone Number:

2. What is the current name of the Limited Partnership?

Text input field for current name

3. What is the registration number of the Limited Partnership?

Text input field for registration number

4. Change of name of the Limited Partnership

The partnership seeks to change the name of the Limited Partnership to:

Text input field for new name

The partnership approved the change of name on:

Text input field for approval date

5. Change of addresses of the Limited Partnership

(a) Registered Office Address

A Limited Partnership must have an address in New South Wales.

A post office box address is not acceptable as the registered office address.

What is the NEW registered office address for the Limited Partnership?

Address:
Postcode:

(b) Postal Address

A postal address may be nominated for the Limited Partnership.

A post office box address is acceptable.

What is the NEW postal address for the Limited Partnership?

Address:
Postcode:

**6. Change of address of Partners**

**(a) INDIVIDUALS**

**Individuals must provide their residential address. A post office box is not acceptable.**

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Full name of individual:	<input type="text"/>
NEW Residential Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode:

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Full name of individual:	<input type="text"/>
NEW Residential Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode:

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Full name of individual:	<input type="text"/>
NEW Residential Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode:

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Full name of individual:	<input type="text"/>
NEW Residential Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode:

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**(b) CORPORATIONS**

**Corporations must provide their registered office address. A post office box is not acceptable.**

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Full name of Corporation:	<input type="text"/>
NEW Registered Office Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode:
ACN:	<input type="text"/>

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Full name of Corporation:	<input type="text"/>
NEW Registered Office Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode:
ACN:	<input type="text"/>

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Full name of Corporation:	<input type="text"/>
NEW Registered Office Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode:
ACN:	<input type="text"/>

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**More than 4 individuals changed their residential address?  
More than 3 corporations changed their registered office address?** Please copy this page as required.

**6. Change of address of Partners - Continued**

**(c) PARTNERSHIPS**

**Partnerships must provide their registered office address. A post office box is not acceptable.**

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Full name of Partnership:	<input type="text"/>
NEW Registered Office Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode: <input type="text"/>

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Full name of Partnership:	<input type="text"/>
NEW Registered Office Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode: <input type="text"/>

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Full name of Partnership:	<input type="text"/>
NEW Registered Office Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode: <input type="text"/>

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Full name of Partnership:	<input type="text"/>
NEW Registered Office Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode: <input type="text"/>

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**More than 4 Partnerships changed their registered office address?** Please copy this page as required.

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**7. Change of name of Partners**

PLEASE NOTE: This section is only to be completed for existing partners whose name has changed.  
For example: Where an individual has changed his or her name by deed poll or marriage, or  
Where a corporation or partnership has changed its registered name.

**(a) INDIVIDUALS**

Previous full name of individual:	<input type="text"/>
NEW full name of individual:	<input type="text"/>

Please attach evidence of the change of name. For example a copy of the deed poll or marriage certificate.

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**(b) CORPORATIONS**

Previous full name of corporation:	<input type="text"/>
NEW full name of corporation:	<input type="text"/>

Please attach evidence of the change of name. For example a copy of the change of name certificate.

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**(c) PARTNERSHIPS**

Previous full name of partnership:	<input type="text"/>
NEW full name of partnership:	<input type="text"/>

Please attach evidence of the change of name. For example a copy of the change of name certificate.

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## 8. Change of liability of Limited Partners

The liability of the nominated Limited partner has changed as follows:

Full name of Limited Partner:

Previous limitation of liability:

NEW limitation of liability:

Signature of Limited Partner:  Date:

Full name of Limited Partner:

Previous limitation of liability:

NEW limitation of liability:

Signature of Limited Partner:  Date:

Full name of Limited Partner:

Previous limitation of liability:

NEW limitation of liability:

Signature of Limited Partner:  Date:

## 9. Provisions that will apply should the Partnership be dissolved

Have the Partners agreed to, or agreed to changes to, provisions that will apply should the proposed partnership be dissolved?

YES. Please attach a copy of the provisions that have been agreed to.

OR

NO

## 10. Change of Partners

PLEASE NOTE: This section is only to be completed where there has been a change in the partners of the Limited Partnership.

For example: Where a partner has ceased, or  
Where a partner has commenced, or  
Where a partner has changed from a limited to a general partner or vice versa.

### (a) CEASING PARTNERS

Full name of ceasing partner:

Date ceased:

Signature of Ceasing Partner:

Position held if signing on behalf of a Corporation Please tick one box only

Director

Secretary

Authorised Officer

Full name of ceasing partner:

Date ceased:

Signature of Ceasing Partner:

Position held if signing on behalf of a Corporation Please tick one box only

Director

Secretary

Authorised Officer

More than 2 ceasing partners? Please copy this page as required.

**10. Change of Partners - Continued**

**(b) COMMENCING PARTNERS**

**(i) INDIVIDUALS**

**Individuals must provide their residential address. A post office box is not acceptable.**

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Full name of individual:	<input type="text"/>
Residential Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode:
Date of Birth:	<input type="text"/>
Place of Birth: (Town and State or Country if overseas)	<input type="text"/>
Date individual commenced as a partner:	<input type="text"/>
This person will be a:	<input type="checkbox"/> GENERAL PARTNER
	OR
	<input type="checkbox"/> LIMITED PARTNER
For Limited Partner, the limit of liability is:	<input type="text"/>
Signature of Limited Partner	<input type="text"/>

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Full name of individual:	<input type="text"/>
Residential Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode:
Date of Birth:	<input type="text"/>
Place of Birth: (Town and State or Country if overseas)	<input type="text"/>
Date individual commenced as a partner:	<input type="text"/>
This person will be a:	<input type="checkbox"/> GENERAL PARTNER
	OR
	<input type="checkbox"/> LIMITED PARTNER
For Limited Partner, the limit of liability is:	<input type="text"/>
Signature of Limited Partner	<input type="text"/>

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

## 10. Change of Partners - Continued

### (b) COMMENCING PARTNERS

#### (ii) CORPORATIONS

Corporations must provide their registered office address. A post office box is not acceptable.

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Full name of Corporation:	<input type="text"/>
Registered Office Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode: <input type="text"/>
ACN:	<input type="text"/>
Place of Incorporation: (Australian State or Country if overseas)	<input type="text"/>
Date corporation commenced as a partner:	<input type="text"/>
This corporation will be a:	<input type="checkbox"/> GENERAL PARTNER
	OR
	<input type="checkbox"/> LIMITED PARTNER
For Limited Partner, the limit of liability is:	<input type="text"/>
Signature of Limited Partner:	<input type="text"/>
Full name of person signing	<input type="text"/>
<b>Position held</b> Please tick one box only	
<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Authorised Officer	

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Full name of Corporation:	<input type="text"/>
Registered Office Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode: <input type="text"/>
ACN:	<input type="text"/>
Place of Incorporation: (Australian State or Country if overseas)	<input type="text"/>
Date corporation commenced as a partner:	<input type="text"/>
This corporation will be a:	<input type="checkbox"/> GENERAL PARTNER
	OR
	<input type="checkbox"/> LIMITED PARTNER
For Limited Partner, the limit of liability is:	<input type="text"/>
Signature of Limited Partner:	<input type="text"/>
Full name of person signing	<input type="text"/>
<b>Position held</b> Please tick one box only	
<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Authorised Officer	

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

## 10. Change of Partners - Continued

### (b) COMMENCING PARTNERS

#### (iii) PARTNERSHIPS

Partnerships must provide their registered office address. A post office box is not acceptable.

Full name of Partnership:	<input type="text"/>	
Registered Office Address:	<input type="text"/>	
	<input type="text"/>	Postcode: <input type="text"/>
Registration Number:	<input type="text"/>	
Place of Registration: (Australian State or Country if overseas)	<input type="text"/>	
Date partnership commenced as a partner:	<input type="text"/>	
This partnership will be a:	<input type="checkbox"/> GENERAL PARTNER	
	OR	
	<input type="checkbox"/> LIMITED PARTNER	
For Limited Partner, the limit of liability is:	<input type="text"/>	
Signature of Limited Partner	<input type="text"/>	
Full name of person signing:	<input type="text"/>	

**NOTE:** Where the commencing Partner is a Limited Partnership, the signature of each General Partner of that Limited Partnership, or the signature of a General Partner authorised by all the General Partners of that Partnership, is required.

Please indicate the capacity of the signatory:

- Authorised General Partner of the Limited Partnership commencing as a Limited Partner  
 The signatures of all General Partners of the Limited Partnership commencing as a Limited Partner are attached

**More than 1 partnership commencing as a partner?** Please copy this page as required.

## 11. Partners changing from Limited to General and vice versa

The following Limited Partner has changed to a General Partner:

Full name of Partner:	<input type="text"/>	
Date of change:	<input type="text"/>	
Signature of former Limited Partner	<input type="text"/>	
<b>Position held if signing on behalf of a Corporation</b> Please tick one box only		
<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Authorised Officer		
<b>Position held if signing on behalf of a Limited Partnership</b> Please tick one box only		
<input type="checkbox"/> Authorised General Partner of the Limited Partnership commencing as a Limited Partner		
<input type="checkbox"/> The signatures of all General Partners of the Limited Partnership commencing as a Limited Partner are attached		

The following General Partner has changed to a Limited Partner:

Full name of Partner:	<input type="text"/>	
Limitation of liability:	<input type="text"/>	Date of change: <input type="text"/>
Signature of former General Partner	<input type="text"/>	
<b>Position held if signing on behalf of a Corporation</b> Please tick one box only		
<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Authorised Officer		
<b>Position held if signing on behalf of a Limited Partnership</b> Please tick one box only		
<input type="checkbox"/> Authorised General Partner of the Limited Partnership commencing as a Limited Partner		
<input type="checkbox"/> The signatures of all General Partners of the Limited Partnership commencing as a Limited Partner are attached		

## 12. Number of Partners in the limited partnership

A Limited Partnership must have at least one general partner and one limited partner.

There can be no more than 20 general partners.

(a) How many General Partners are there after these changes have been made?

(b) How many Limited Partners are there after these changes have been made?

## 13. Certification and signature

### Who has to sign this notification?

All general partners, or a general partner authorised by all the general partners, must sign this notification.

Where a change is made that relates to the commencement, cessation or change in the limitation of liability of a Limited Partner, that Limited Partner must also sign this notification. Provision is made for the Limited partner to sign in the relevant section.

### Certification

I/we certify that the information provided in this application is true and correct. I/we have read and understand the Statement under the *Privacy and Personal Information Protection Act 1998*. Each partner listed in this document has been provided with a copy of, and to the best of my/our knowledge understands, the Statement under the *Privacy and Personal Information Protection Act 1998*.

#### (a) Certification and signature of an authorised General Partner:

Full name of general partner authorised by all the general partners to sign this notification:

Where the general partner is a corporation, please indicate the position held by the person signing this notification:

Please tick one box only

<input type="checkbox"/> Director	<input type="checkbox"/> Secretary	<input type="checkbox"/> Authorised Officer
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Full name of person signing:

Signature:

Date:

#### (b) Certification and signature by all the General Partners:

Full name of general partner:

Where the general partner is a corporation, please indicate the position held by the person signing this notification:

Please tick one box only

<input type="checkbox"/> Director	<input type="checkbox"/> Secretary	<input type="checkbox"/> Authorised Officer
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Full name of person signing:

Signature:

Date:

Full name of general partner:

Where the general partner is a corporation, please indicate the position held by the person signing this notification:

Please tick one box only

<input type="checkbox"/> Director	<input type="checkbox"/> Secretary	<input type="checkbox"/> Authorised Officer
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Full name of person signing:

Signature:

Date:

Full name of general partner:

Where the general partner is a corporation, please indicate the position held by the person signing this notification:

Please tick one box only

<input type="checkbox"/> Director	<input type="checkbox"/> Secretary	<input type="checkbox"/> Authorised Officer
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Full name of person signing:

Signature:

Date:

**More than 3 general partners required to sign?** Please copy this page as required.



## IMPORTANT INFORMATION

### Statement under the *Privacy and Personal Information Protection Act 1998*:

The applicant for this registration:

1. Authorises NSW Fair Trading to make any enquiries and to receive and disclose any information which is relevant to the applicant's initial and ongoing eligibility to hold this registration;
2. Acknowledges that information will be placed on a register open to the public;
3. Accepts that failure to supply information required on this application form may delay the processing of the application;
4. Has a right to seek access to and correction of information supplied.

### Lodging the application

You can lodge this application in person at any Service NSW Centre or mail it to:

Registry Services  
PO Box 22  
Bathurst NSW 2795  
Enquiries: 1800 502 042

Please note that applications will not be processed on the spot by Service NSW Centres.

For the address of your nearest Service NSW Centre please telephone 13 32 20 or visit [www.fairtrading.nsw.gov.au](http://www.fairtrading.nsw.gov.au).

### Paying the application fee

Please refer to the schedule of fees for the current fee payable. Please note that fees are normally reviewed effective 1 July each year. Application fees are not subject to GST.

If lodging in person you can pay the fee by cheque, money order, cash, credit card or EFTPOS.

If lodging by mail, you can pay the fee by cheque or money order. Cheques and money orders should be payable to "NSW Fair Trading". Please do not send credit card details or cash through the mail.

Receipts will be issued on request.

### Certificate of Registration

An updated certificate of registration will be issued once this notification has been processed.

### Changes in any of the registered particulars

You must notify the NSW Fair Trading of any changes in the registered particulars of the Limited Partnership within 7 days of the change occurring. "Registered particulars" has the same meaning as defined in s.49 of the *Partnership Act 1892* and includes names, addresses, partners ceasing or commencing, whether a partner is a limited or general partner and the limitation of liability of a limited partner.

You must notify the Office of Fair Trading if the limited partnership is dissolved or ceases to carry on business.

Forms for making these notifications are available from [www.fairtrading.nsw.gov.au](http://www.fairtrading.nsw.gov.au) or can be requested by calling 1800 502 042.

### Identification of Limited Partnerships

Any document issued on behalf of a Limited Partnership in connection with the partnership's business must contain the words "A Limited Partnership" (or "L.P." or "LP" as an abbreviation) at the end of the full registered name.

**SCHEDULE OF FEES  
LIMITED PARTNERSHIPS  
Effective 1 July 2015**

<b>Fee for:</b>	<b>Use form:</b>	<b>Fee \$</b>
Application for registration of a Limited Partnership	LP1	\$381
Notification of change in registered details	LP2	\$34
Notification of dissolution or cessation of Limited Partnership	LP6	Nil
Inspection of the Register of Limited Partnerships, for each Limited Partnership inspected	Written request	\$20
Certificate of registration of an Incorporated Limited Partnership (shows details of formation and registered particulars)	Written request	\$20