Application for Registration of an Incorporated Limited Partnership

Partnership Act 1891

1.   NATURE OF THE APPLICATION *(s52(1a)(a))*

State whether the application is by a partnership; or by persons or partnerships, or both, proposing to be the partners in the limited partnership.

2.   ORGANISATION NAME (s52(1a)(b)(i)) **OR PROPOSED ORGANSATION NAME** (s52(1a)(c)(i)

3.   DATE OF COMMENCEMENT *(s52(1)(c))*

Where the firm-name proposed in the application would require registration as a business name under the Business Names Registrations Act 2000, this application must be lodged not earlier than two months before the date shown in the application as the proposed date on which the business will commence to be carried on under the firm name.

4.   NATURE OF BUSINESS

State the type of business proposed to be carried on under the organisation-name. Vague descriptions such as "trading", "manufacturers" or "retailers" are not accepted unless further qualified.

5.   REGISTERED OFFICE OF THE PARTNERSHIP OR PROPOSED PARTNERSHIP *(s52(1a)(b)(ii) or (c)(ii)*

State the full address of the office or principle office in South Australia of the partnership; or the full address of the proposed office or principle office in South Australia of the proposed partnership. Specific address details must be supplied (floor number, room or flat number), "P.O Box" and "Care of" addresses will not be accepted.

Street					
Suburb		State	SA	Postcode	

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6. FULL NAME AND ADDRESS OF EACH PARTNER OR PROPOSED PARTNER *(s52(1a)(d) & (e))*
**please add extra boxes if required.

(A) PARTNER WHO IS AN INDIVIDUAL

Full Name					
Street					
Suburb		State	SA	Postcode	

Full Name					
Street					
Suburb		State	SA	Postcode	

(B) PARTNER THAT IS A CORPORATION

Corporate Name					
Street					
Suburb		State	SA	Postcode	
ACN					

(C) PARTNER THAT IS A PARTNERSHIP WHERE THAT PARTNERSHIP HAS A NAME

Partnership Name					
Street					
Suburb		State	SA	Postcode	

(D) PARTNER THAT IS A PARTNERSHIP WHERE THAT PARTNERSHIP HAS NO NAME

Full Name					
Full Name					
Street					
Suburb		State	SA	Postcode	

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7. WHETHER EACH PARTNER OR PROPOSED PARTNER IS A GENERAL PARTNER OR LIMITED PARTNER *(s52(1a)(f) or (g))*
**please add extra boxes if required

Name of Partner or Proposed Partner	
General or Limited Partner	
Name of Partner or Proposed Partner	
General or Limited Partner	

8. WHETHER PARTNER OR PROPOSED PARTNER IS A PARTNERSHIP – STATEMENT TO THE EFFECT *(s52(1a)(h)*

Name of Partner or Proposed Partner	
Name of Partner or Proposed Partner	
Each of the above partners is a partnership	

9. LIMITED PARTNER' LIABILITY STATEMENT *(s52(1a)(i)*

A statement, in relation to EACH LIMITED PARTNER is required to the effect that the partner is a limited partner whose liability to contribute is to be limited to the extent of the amount specified in the statement (being the amount of any capital, or the value of any property, that the limited partner has agreed to contribute to the partnership or, in the case of a limited partner that is a partnership, the aggregate amounts or values).

Name of Limited Partner	
Details	

10. PARTNERSHIP OR PROPOSED PARTNERSHIP MEET ONE OF THE FOLLOWING *(please highlight)*

- Intends to apply for registration as a VCLP *(s52(1a)(j))*
- Intends to apply for registration as a AFOF *(s52(1a)(j))*
- Intends to apply for registration as a ESVCLP *(s52(1a)(j))*
- Intends to apply for registration as a VCMP *(s52(1a)(l)*
- Is registered as a VCLP *(s52(1a)(k) – documentation to be attached to application evidencing status)*
- Is registered as a AFOF *(s52(1a)(k) – documentation to be attached to application evidencing status)*
- Is registered as a ESVCLP *(s52(1a)(k) – documentation to be attached to application evidencing status)*
- Is registered as a VCMP *(s52(1a)(l) – documentation to be attached to application evidencing status)*

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SIGNATURES *(s52(1)(b))*

1) *Either by each partner of the partnership or by a person given authority to make sure an application on behalf of the partnership and the partners; or*
2) *In any other case – by each proposed partner.*

We the undersigned declare that this Application is correct in every material way

Full Name		Signature	
Full Name		Signature	
Full Name		Signature	
Full Name		Signature	

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