Partnership Act

Notice of becoming a Venture Capital Management Partnership

Partnership Act 1891

This form is effective from 7 September 2020

ABN: 13 846 673 994

OFFICE USE ONLY	Instructions Please complete in BLOCK letters. Attach extra sheets if needed. All references to dates should be
Date received	in DD/MM/YYYY.
	Privacy statement—please read
	The Office of Fair Trading (OFT) collects information, including personal information, on this form as required by the <i>Partnership Act 1891</i> to process your application. Your personal information will be placed on a register which may be inspected by the public upon payment of a prescribed fee. Any documents required by the OFT are available for inspection by the public upon payment of a prescribed fee. Additionally, information on this form can be disclosed without your consent where authorised or required by law. Under the <i>Fair Trading Act 1989</i> information may also be shared on a confidential basis with other Australian fair trading agencies.
	If you give the OFT an email address to communicate with you, the personal information in these communications will be stored on your email service provider's servers. These servers may be outside of Australia. By giving us your email address, you are consenting to the personal information contained within the emails to and from the OFT to be transferred outside Australia.
	Please note
	You must complete this form within 1 month of meeting the requirements set out in section 94D of the <i>Income Tax Assessment Act 1936</i> for recognition as a Venture Capital Management Partnership.
	Fees The applicable fee for this form is available on the Fair Trading website at www.qld.gov.au/fairtrading . No GST is payable on the fee.
Lodging party name and address	Name
	Address
	Suburb State Postcode
	Phone Fax
	Mobile Email
Part 1—Partnership deta	ils
Indicate the name of the incorporated limited partnership.	Firm name (please print)
partnersnip.	
	Registration number
Part 2—Notification of be	ecoming a VCMP
The <i>Partnership Act 1891</i> requires an incorporated limited partnership registered on the basis of becoming a Venture Capital Management	The incorporated limited partnership is now recognized as a Venture Capital Management Partnership within the meaning of section 94D(3) of the <i>Income Tax Assessment Act 1936</i> . Date of recognition $\square_{D} / \square_{M} / \square_{Y} / \dots / \dots / \dots / \dots / \dots$
Partnership (VCMP) to provide a statement to the chief executive when it becomes a VCMP.	

20_1257FT



Form 14

Part 3—Certification		
I CERTIFY THAT THE INFORMATION PROVIDED IN THIS NOTIFICATION IS TRUE AND CORRECT.		
This form must be signed in accordance with the Partnership Agreement. Please photocopy this form if more signatures are required.	Individual	
	i) Full name of signatory	
	Signature Date \Box D D M M V Y Y Y Y Y	
	ii) Full name of signatory	
	Signature Date $\Box_{D} / \Box_{M} / \Box_{Y} / \Box_{Y} / \Box_{Y}$	
When a signature on behalf of a corporation is required the full corporate name, the full name of the signatory and position held must be stated. The signatory must be a director or secretary.	Corporation	
	i) Full name of signatory	
	Signature Date $\Box_{D} / \Box_{M} / \Box_{Y} \cup_{Y} \cup_{Y}$	
	Position held (director/secretary)	
Please photocopy this form if more signatures are required.	of (name of corporation)	
	ii) Full name of signatory	
	Signature Date \Box D / \Box M / Y Y Y Y Y Y	
	Position held (director/secretary)	
	of (name of corporation)	
IMPORTANT!	Please lodge the completed application, any supporting documentation and applicable fees to the Office of Fair Trading at the address below, at one of our regional offices, or at a Queensland	
 Please make sure you: provide all necessary information and documentation By ma Regist 	Government Service Office.	
	By mail: Registration Services Unit, GPO Box 3111, Brisbane QLD 4001	
• sign the application	In person: Visit www.qld.gov.au/fairtrading or call 13 QGOV (13 74 68) for information and your nearest	
 return all pages of the application form. 	Fair Trading Office or Queensland Government Service Office.	

Left blank intentionally, please turn over for more details

Payer details	
This section must be completed if payment has been made by another person on behalf of the applicant.	Name Postal address
Payment	
Payment details	Cash—pay in person Debit/Credit card Money order Cheque Do not send cash by mail Make money order or cheque payable to the Office of Fair Trading. A receipt will not be issued unless specifically requested.
Debit/Credit card	OFT cannot accept debit/credit card details over the phone, fax or email (including any attachments) in accordance with the Payment Card Industry Data Security Standard. If an email or fax is received containing debit/credit card details, it will be deleted immediately and your application and payment will not be processed.
Charge my:	Go online to <u>www.qld.gov.au/fairtrading</u>
Debit/Credit card number:	
Cardholder's name:	
Amount authorised:	\$ Expiry date: $\square \square M / \square \square Y = P$
Cardholder's signature:	
Online payments	Tick box if you wish to pay online If you select this option, once OFT has received your documentation, an officer will be in contact to provide you with a Customer Reference Number (CRN). You can use this to pay via the following methods: Image: Comparison of the second
By post	A cheque or money order can be posted in, together with the application form.
In person	Make money order or cheque payable to the Office of Fair Trading You can also visit a Fair Trading Office or an applicable Queensland Government Service Office to lodge this application and pay the applicable fees over the counter. Visit www.qld.gov.au/fairtrading or call 13 QGOV (13 74 68) for your nearest Fair Trading Office or Queensland Government Service Office.