



## Change of details relating to limited partnership

Partnership Act 1891

This form is effective from 10 August 2020

ABN: 13 846 673 994

**OFFICE USE ONLY**

Date received

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This form is used to change details relating to a limited partnership, including firm name of partnership, address, name of partner, number of partners, and general or limited partner details.

**Instructions**

Please complete in **BLOCK** letters. Attach extra sheets if needed. All references to dates should be 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 *Partnership Act 1891* to process your notification. Your personal information will be placed on a register which may be inspected by the public. Any documents required by the OFT are available for inspection by the public. Additionally, information on this form can be disclosed without your consent where authorised or required by law. Under the *Fair Trading Act 1989* 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.

**Fees**

The applicable fee for this form is available on the Fair Trading website at [www.qld.gov.au/fairtrading](http://www.qld.gov.au/fairtrading). No GST is payable on the fee.

<p><b>Lodging party name and address</b></p>	<p>Name .....</p> <p>Address .....</p> <p>Suburb ..... State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Phone ..... Fax .....</p> <p>Mobile ..... Email .....</p>
<p><b>Current name of limited partnership</b></p>	<p>Firm name .....</p> <p>.....</p>
<p><b>Change of firm name of partnership</b></p>	<p>The current firm name referred to above changed to .....</p> <p>Date of change: <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>  <small>D D M M Y Y Y Y</small></p>
<p><b>Change of address details</b>                  * Check the relevant option.</p>	<p>The address of the registered office of the limited partnership (<b>must be an address in Queensland</b>) has changed to:</p> <p>Address .....</p> <p>Suburb ..... State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Date of change: <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>  <small>D D M M Y Y Y Y</small></p> <p>The <input type="checkbox"/> registered office / <input type="checkbox"/> residential address* of .....</p> <p>a <input type="checkbox"/> general partner / <input type="checkbox"/> limited partner* has changed to:</p> <p>Address .....</p> <p>Suburb ..... State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Date of change: <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>  <small>D D M M Y Y Y Y</small></p>

<p><b>Name change of partner</b> Do not use for partnership changes. * Check the relevant option.</p>	<p>The name of ..... a <input type="checkbox"/> general partner / <input type="checkbox"/> limited partner* has changed to .....</p> <p>Date of change: <input type="checkbox"/><sub>D</sub><input type="checkbox"/><sub>D</sub> / <input type="checkbox"/><sub>M</sub><input type="checkbox"/><sub>M</sub> / <input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub></p>
<p><b>Number of partners</b> The partnership must have at least one general partner and one limited partner.</p>	<p>This section need only be completed where there has been a change in the number of general partners or limited partners.</p> <p>Number of general and limited partners following the change.</p> <p>Number of general partners ..... Number of limited partners .....</p>
<p><b>Change of general partner details</b> The full name of any <b>general partner</b> who has ceased.</p>	<p>Name (please print) .....</p> <p>Date of cessation: <input type="checkbox"/><sub>D</sub><input type="checkbox"/><sub>D</sub> / <input type="checkbox"/><sub>M</sub><input type="checkbox"/><sub>M</sub> / <input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub></p> <p>Name (please print) .....</p> <p>Date of cessation: <input type="checkbox"/><sub>D</sub><input type="checkbox"/><sub>D</sub> / <input type="checkbox"/><sub>M</sub><input type="checkbox"/><sub>M</sub> / <input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub></p> <p>Name (please print) .....</p> <p>Date of cessation: <input type="checkbox"/><sub>D</sub><input type="checkbox"/><sub>D</sub> / <input type="checkbox"/><sub>M</sub><input type="checkbox"/><sub>M</sub> / <input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub></p> <p>Name (please print) .....</p> <p>Date of cessation: <input type="checkbox"/><sub>D</sub><input type="checkbox"/><sub>D</sub> / <input type="checkbox"/><sub>M</sub><input type="checkbox"/><sub>M</sub> / <input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub></p>
<p><b>Commencement of any general partner</b> The full name and address of any <b>general partner</b> who has commenced.</p>	<p>Full individual/corporation name .....</p> <p>Australian Company Number (ACN) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Address .....</p> <p>Suburb ..... State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Position in corporation (if applicable) .....</p> <p>Signature .....</p> <p>Commencement: <input type="checkbox"/><sub>D</sub><input type="checkbox"/><sub>D</sub> / <input type="checkbox"/><sub>M</sub><input type="checkbox"/><sub>M</sub> / <input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub></p> <hr/> <p>Full individual/corporation name .....</p> <p>Australian Company Number (ACN) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Address .....</p> <p>Suburb ..... State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Position in corporation (if applicable) .....</p> <p>Signature .....</p> <p>Commencement: <input type="checkbox"/><sub>D</sub><input type="checkbox"/><sub>D</sub> / <input type="checkbox"/><sub>M</sub><input type="checkbox"/><sub>M</sub> / <input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub><input type="checkbox"/><sub>Y</sub></p>

**Change of limited partner details**

The full name of any **limited partner** who has ceased.

Name (please print) .....

Date of cessation:   /   /      
D D M M Y Y Y Y

Name (please print) .....

Date of cessation:   /   /      
D D M M Y Y Y Y

Name (please print) .....

Date of cessation:   /   /      
D D M M Y Y Y Y

Name (please print) .....

Date of cessation:   /   /      
D D M M Y Y Y Y

**Commencement of any limited partner**

The full name and address of any **limited partner** who has commenced and the limit of the partner's liability.

Full individual/corporation name .....

Australian Company Number (ACN)

Limit of liability \$.....

Address .....

Suburb ..... State  Postcode

Position in corporation (if applicable) .....

Signature ..... Commencement:   /   /      
D D M M Y Y Y Y

Full individual/corporation name .....

Australian Company Number (ACN)

Limit of liability \$.....

Address .....

Suburb ..... State  Postcode

Position in corporation (if applicable) .....

Signature ..... Commencement:   /   /      
D D M M Y Y Y Y

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please turn over for more details

<p><b>Change of limit of liability details</b></p> <p>The full name of any <b>limited partner</b> and limit of liability details where the partner's limit of liability has increased or decreased.</p>	<p>Partner's name (please print) .....</p> <p>Limit of liability from \$..... to \$.....</p> <p>Date of change: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Partner's name (please print) .....</p> <p>Limit of liability from \$..... to \$.....</p> <p>Date of change: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Partner's name (please print) .....</p> <p>Limit of liability from \$..... to \$.....</p> <p>Date of change: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
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<p><b>Signature and date</b></p> <p>For changes to the name of the limited partnership, registered office or address of a partner, the form may be signed by or on behalf of all the general partners.</p> <p>For changes to commencement or ceasing of partners, or changes to the extent to which a limited partner is liable to contribute, the form must be signed by, or on behalf of, all individuals who will be partners in the partnership after the change takes effect.</p>	<p>Name (please print) .....</p> <p>Corporation name (if applicable) .....</p> <p>Position in corporation (if applicable) .....</p> <p>Signature ..... Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Name (please print) .....</p> <p>Corporation name (if applicable) .....</p> <p>Position in corporation (if applicable) .....</p> <p>Signature ..... Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Name (please print) .....</p> <p>Corporation name (if applicable) .....</p> <p>Position in corporation (if applicable) .....</p> <p>Signature ..... Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
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<p><b>IMPORTANT!</b></p> <p>Please make sure you:</p> <ul style="list-style-type: none"> <li>• provide all necessary information and documentation</li> <li>• sign the application</li> <li>• return all pages of the application form.</li> </ul>	<p><b>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 Government Service Office.</b></p> <p><b>By mail:</b> Registration Services Unit, GPO Box 3111, Brisbane QLD 4001</p> <p><b>In person:</b> Visit <a href="http://www.qld.gov.au/fairtrading">www.qld.gov.au/fairtrading</a> or call <b>13 QGOV</b> (13 74 68) for information and your nearest Fair Trading Office or Queensland Government Service Office.</p>
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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 .....

Suburb ..... State    Postcode

Mobile ..... Fax number .....

Receipt request Yes  No

Email .....

## 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 [www.qld.gov.au/fairtrading](http://www.qld.gov.au/fairtrading)

Debit/Credit card number:

Cardholder's name:

.....

Amount authorised:

\$ ..... Expiry date:   /

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:



Go online to [www.qld.gov.au/fairtrading](http://www.qld.gov.au/fairtrading)



Payments can be made using **BPAY** through your bank or financial institution using the reference details that will be provided to you.



### By post

A cheque or money order can be posted in, together with the application form.

**Make money order or cheque payable to the Office of Fair Trading**



### In person

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](http://www.qld.gov.au/fairtrading) or call **13 QGOV** (13 74 68) for your nearest Fair Trading Office or Queensland Government Service Office.