



## Changes in registered details of incorporated limited partnerships

Partnership Act 1891

This form is effective from 10 August 2020

ABN: 13 846 673 994

**OFFICE USE ONLY**

Date received

**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 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 *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.

**Please note**

You must complete this form when any change occurs in relation to the registered particulars of an incorporated limited partnership.

An incorporated limited partnership that was registered on the basis of an intention to become either a Venture Capital Limited Partnership (VCLP), Early Stage Venture Capital Limited Partnership (ESVCLP) or an Australian Venture Capital Fund of Funds (AFOF), or an intention to meet the requirements for recognition as a Venture Capital Management Partnership (VCMP) must, within one month after becoming a VCLP, ESVCLP, AFOF or VCMP separately lodge either a:

- copy of a document evidencing its status as a VCLP, ESVCLP or AFOF
- a statement that it is a VCMP.

This Form 6 is not applicable in these circumstances because the independent documentation referred to above is required to be separately lodged.

**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.

<b>Lodging party name and address</b>	Name .....
	Address .....
	Suburb ..... State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Phone ..... Fax .....
	Mobile ..... Email .....
<b>Current name of the incorporated limited partnership</b>	Firm name (please print) ..... ..... .....
<b>Change of firm name of partnership</b> <b>Note:</b> the firm name as changed and notified here must be a name that would be available under the <i>Business Names Registration Act 2011</i> .	The current firm name referred to above changed to ..... ..... ..... 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"/> D D           M M           Y Y           Y Y

<p><b>Name change of partner (Do not use for partnership changes.)</b></p> <p>Please check the partnership box if the partner is a partnership.</p> <p>* Check the relevant option.</p>	<p>The name of (please print) .....</p> <p>a <input type="checkbox"/> general / <input type="checkbox"/> limited partner* 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><input type="checkbox"/> This partner is a partnership (please check if applicable).</p>
<p><b>Change of address details</b></p> <p>A post office box is not acceptable.</p> <p>* Check the relevant option.</p>	<p>The address of the registered office of the incorporated limited partnership <b>(must be an address in Queensland)</b> 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 / <input type="checkbox"/> principal place of business* address of .....</p> <p>.....</p> <p>a <input type="checkbox"/> general / <input type="checkbox"/> limited partner* 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>Number of partners</b></p> <p>The partnership must have at least one general partner and one limited partner with a limit of 20 for general partners.</p>	<p>This part need only be completed where there has been a change in the number of general partners or limited partners.</p> <p><b>Number of general and limited partners last notified.</b></p> <p>Number of general partners .....</p> <p>Number of limited partners .....</p> <p><b>Number of general and limited partners following the change notified herein.</b></p> <p>Number of general partners .....</p> <p>Number of limited partners .....</p>
<p><b>Change of general partner details</b></p>	<p><b>Ceased</b></p> <p>Person 1 full name (please print) .....</p> <p>Date of cessation: <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>Person 2 full name (please print) .....</p> <p>Date of cessation: <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>Person 3 full name (please print) .....</p> <p>Date of cessation: <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>Person 4 full name (please print) .....</p> <p>Date of cessation: <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>Person 5 full name (please print) .....</p> <p>Date of cessation: <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>

**Change of general partner details continued**

**Individuals:** insert full name, residential address (not a post office box), signature and date.

**Corporation (including another incorporated limited partnership):** insert full company/corporation name, registered office or principle place of business, ACN, signature and date.

**Partnership:** insert full name of partnership or if the partner is a partnership with a firm name, the name of that firm and registered office or principal place of business, signature and date.

A statement must be made against any relevant partner that is a partnership identifying that it is a partnership.

Please check the partnership box if the partner is a partnership.

I/we, the undernamed, am/are a general partner.

**Commenced**

Partner's full name .....

Australian Company Number (ACN)

Address .....

Suburb ..... State  Postcode

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

Signature ..... Date:  /  /   
D D M M Y Y Y Y

This partner is a partnership (please check if applicable).

Partner's full name .....

Australian Company Number (ACN)

Address .....

Suburb ..... State  Postcode

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

Signature ..... Date:  /  /   
D D M M Y Y Y Y

This partner is a partnership (please check if applicable).

**Change of limited partner details**

**Ceased**

Person 1 full name (please print) .....

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

Person 2 full name (please print) .....

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

Person 3 full name (please print) .....

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

Person 4 full name (please print) .....

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

Person 5 full name (please print) .....

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

**Change of limited partner details continued**

**Individuals:** insert full name, residential address (not a post office box), signature and date.

**Corporation (including another incorporated limited partnership):** insert full company/corporation name, registered office or principle place of business, ACN, signature and date.

**Partnership:** insert full name of partnership or if the partner is a partnership with a firm name, the name of that firm and registered office or principal place of business, signature and date.

Please check the partnership box if the partner is a partnership.

I/we, the undernamed, am/are a limited partner.

**Commenced**

Partner's full name .....

Australian Company Number (ACN)

Address .....

Suburb ..... State  Postcode

Date of commencement:  /  /   
D D M M Y Y Y Y

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

Signature ..... Date:  /  /   
D D M M Y Y Y Y

This partner is a partnership (please check if applicable).

Partner's full name .....

Australian Company Number (ACN)

Address .....

Suburb ..... State  Postcode

Date of commencement:  /  /   
D D M M Y Y Y Y

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

Signature ..... Date:  /  /   
D D M M Y Y Y Y

This partner is a partnership (please check if applicable).

Partner's full name .....

Australian Company Number (ACN)

Address .....

Suburb ..... State  Postcode

Date of commencement:  /  /   
D D M M Y Y Y Y

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

Signature ..... Date:  /  /   
D D M M Y Y Y Y

This partner is a partnership (please check if applicable).

**Signature and date**

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

Full name (please print) .....

Corporation name (please print) .....

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

Signature ..... Date:  /  /   
D D M M Y Y Y Y

**Signature and date**

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

Person 1 full name (please print) .....  
Corporation name (please print) .....  
Position in corporation (if applicable) .....  
Signature ..... Date:   /   /      
D D M M Y Y Y Y

Person 2 full name (please print) .....  
Corporation name (please print) .....  
Position in corporation (if applicable) .....  
Signature ..... Date:   /   /      
D D M M Y Y Y Y

Person 3 full name (please print) .....  
Corporation name (please print) .....  
Position in corporation (if applicable) .....  
Signature ..... Date:   /   /      
D D M M Y Y Y Y

Person 4 full name (please print) .....  
Corporation name (please print) .....  
Position in corporation (if applicable) .....  
Signature ..... Date:   /   /      
D D M M Y Y Y Y

Person 5 full name (please print) .....  
Corporation name (please print) .....  
Position in corporation (if applicable) .....  
Signature ..... Date:   /   /      
D D M M Y Y Y Y

**IMPORTANT!**

- Please make sure you:
- provide all necessary information and documentation
  - sign the application
  - return all pages of the application form.

**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.**

**By mail:**  
Registration Services Unit, GPO Box 3111, Brisbane QLD 4001

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

Left blank intentionally,  
please turn over for more details

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**Proceed to next section for payment details.**

**If you do not complete the payment section this form will be considered incomplete and may delay processing.**

## 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.