

# Notice of Change in Particulars of a Limited Partner

## Partnership Act 1891

### Section 55 (1)

**Email enquiries:** [associations@agd.sa.gov.au](mailto:associations@agd.sa.gov.au)

**Web:** [www.cbs.sa.gov.au/](http://www.cbs.sa.gov.au/)

**Postal:** GPO Box 1719 Adelaide SA 5001

**Telephone:** 131 882

If any change occurs to the registered limited partnership or incorporated partnership, which is no longer accurate or complete, the partnership must fill out this form.

This form must be lodged, without a fee, to Consumer and Business Services, contact details above, within 28 days of the change.

If the form is lodged after the 28 days of the change, a late fee will incur. Please contact Consumer and Business Services, for information regarding late fees - Ph 131 882.

If you do not lodge this form before the changes occur, a penalty of \$1, 250 or expiation fee of \$160 may occur to each of the partners required to sign the notice.

*Original Signed form must be lodged; therefore it cannot be lodged via facsimile.*

*Please Use Block Letters when filling out this form.*

<b>FIRM NAME</b>	
<b>REGISTRATION NO</b>	

#### 1. THE NATURE OF BUSINESS HAS CHANGED TO:

State the change to the type of business being conducted under the firm name. If you have ceased or added to the nature of trading of your business, you should indicate those changes here.

Date of Change	

#### 2. ADDRESS FOR SERVICE OF PARTNERSHIP HAS CHANGED TO:

Date of Change	



**3. ADDRESS OF EACH PLACE OF BUSINESS IN SOUTH AUSTRALIA THAT HAS CHANGED:**

Any change to specific address details must be supplied e.g. floor number, room or flat number. "P.O. Box" and "Care of" addresses will not be accepted. Please attach additional sheets if required.

Date of Change	

**4. PARTNER'S LEGAL NAME HAS CHANGED:**

*By marriage or deed poll.*

**(A) Applicant who is a Natural Person**

Former name of Individual	
New name of Individual	
Date of change	

**(B) Applicant that is a Body Corporate**

Former Corporate name			
New Corporate Name			
Date of change		<b>ACN</b>	

**5. PARTNERS RESIDENTIAL ADDRESS HAS CHANGED:**

*Please attach additional sheets if required.*

**(A) Applicant who is a Natural Person**

Name of Partner			
Old Residential Address		Post Code	
New Residential Address		Post Code	

**(B) Applicant that is a Body Corporate**

Name of Partner			
Old Residential Address or Principle Office		Post Code	
New Residential Address or Principle Office		Post Code	

**6A. STATUS OF PARTNER HAS CHANGED:**

*Please attach additional sheets if required.*

Name of Partner	
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General or Limited Partner: Previous Status		New Status	
Name of Partner			
General or Limited Partner: Previous Status		New Status	

**6B. LIMITED PARTNERS' LIABILITY STATEMENT:**

**For New Partners AND Partners who have changed from General to Limited**

A statement, in relation to EACH NEW 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). Please provide details below. Please attach additional sheets if required.

Name of NEW Limited Partner	
Details	

Name of NEW Limited Partner	
Details	

**7 LIMITED PARTNERS' CONTRIBUTION STATEMENT:**

A statement, in relation to EACH NEW AND EXISTING LIMITED PARTNER is required of the changes in the amount of any capital and the value of any property that the partner has agreed to contribute to the partnership, showing separately the amount or value actually contributed and the amount or value outstanding. Please provide details of changes below. Please attach additional sheets if required.

Name of Limited Partner	
Amount of capital/value of property agreed to be contributed	\$
Amount of value actually contributed	\$
Amount of value outstanding	\$

Name of Limited Partner	
Amount of capital/value of property agreed to be contributed	\$
Amount of value actually contributed	\$
Amount of value outstanding	\$

**8. PLEASE COMPLETE THIS SECTION IF REGISTERING A CHANGE IN PARTNERS:**

**NAME AND ADDRESS OF EACH PARTNER**

Proprietor who is a body corporate: REGISTERED OFFICE or PRINCIPAL OFFICE in state of the body corporate and the AUSTRALIAN COMPANY NUMBER.

**The following person/body corporate has COMMENCED as a general or limited\* partner**

FullName/CorporateName			
Residential Address/Registered Office/Principal Office		Post Code	
Date of Birth			
Date of Change:		ACN No	

FullName/CorporateName			
Residential Address/Registered Office/Principal Office		Post Code	
Date of Birth			
Date of Change:		ACN No	

**The following person/body corporate has CEASED as a partner**

Full Name/Corporate Name		Date Ceased	
Full Name/Corporate Name		Date Ceased	
Full Name/Corporate Name		Date Ceased	
Full Name/Corporate Name		Date Ceased	

**The following partners are CONTINUING as partners**

Full Name		Full Name	
Full Name		Full Name	
Full Name		Full Name	
Full Name		Full Name	

**SIGNATURES**

**For items numbered 1,2,3,4,5** This application need only be signed by one partner on behalf of the limited partnership.

**For items numbered 6A,6B,7,8** This application need only be signed by one partner on behalf of the limited partnership.

This notice will be taken to have been signed by the person required to sign the document if (a) in the case of a natural person - the document is signed by another authorised by the person in writing to sign on the person's behalf (b) in the case of a body corporate - the document is signed by a director of the body corporate or a person authorised by a director in writing to sign on behalf of the body corporate.

**The information in this Notice is correct in every material particular.**


**Important:** See first page for Lodgement Details

<b>DOCUMENT LODGED BY</b>			
(In the event of problems arising with the application the application, the Commission may wish to contact the lodging party, therefore please complete this section)			
Name			
Address		Post Code	
Phone Number			

# Payment Facilities



**Payment can be made by**

- cash/money order/eftpos transaction (in person)
- credit card (Visa, Mastercard) (see below)
- cheque (made payable to Consumer and Business Services)



**Paying by Post**

Payment can be forwarded by post to: Consumer and Business Services  
GPO Box 1719 Adelaide SA 5001



**Paying in Person**

Payment can be made in person at:  
Consumer and Business Services  
Customer Service Centre  
91 Grenfell Street, Adelaide SA 5000



**For Further Information**

Visit our website [www.cbs.sa.gov.au](http://www.cbs.sa.gov.au) or phone 131 882.

**Checklist for Lodgement**

- Have you completed all of the requirements of the form you are lodging?
- Has the application been signed by all applicants?
- Has the Authorisation for Payment by Credit Card below been completed and signed?

# Authorisation for Payment by Credit Card

Visa   
  Mastercard   

Credit Card Number 

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Expiry Date 

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 CCV

Name on Card 

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Contact Phone Number 

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I hereby authorise the Consumer and Business Service to draw on my credit card for the amount of \$

Cardholder's Signature 

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