

FORM ILP3

Notification of recognition as a VCMP incorporated limited partnership

Partnership Act 1892 (section 54)



1800 502 042 fairtrading.nsw.gov.au

Please read this information before completing this form.
This form can be completed in Adobe Reader and saved for your records.

When should this form be lodged?

This form is lodged to provide notification and evidence of registration as a VCMP.

Fees

The following fee applies for lodgement of this form: \$20.00
There is no GST payable.

How to pay the lodgement fee

Pay by credit card or PayPal using the following link:
www.fairtrading.nsw.gov.au/registrypayments

Step 1 - Click on the link or type the URL into your web browser.

Step 2 - Follow the instructions online to complete payment. (select 'Fair Trading - Associations and Co-operatives' as the agency)

Step 3 - You will receive a receipt upon payment.

Step 4 - Attach a copy of the receipt to the form.

Alternatively, if you intend to pay by cheque or money order this can be done in person at a Service NSW Centre accepting this form of payment. Please telephone 13 77 88 or visit www.service.nsw.gov.au/service-centre prior to attending, to confirm accepted payment methods.

Cheques or money orders should be made payable to NSW Fair Trading.

Not providing all required information and a copy of the receipt may result in delays in processing your application

How to lodge

- **By email** to registrylodgements@customerservice.nsw.gov.au ensuring a copy of the receipt of payment is attached.
- **By post** to Fair Trading, PO Box 22, Bathurst NSW 2795, ensuring a copy of the receipt of payment is included.
- **In person** at any **Service NSW Centre**. Before visiting your nearest Service NSW Centre, please telephone 13 77 88 or visit www.service.nsw.gov.au/service-centre to confirm accepted payment methods prior to attending.

The above information is intended as a guide only and is included to assist you in completing and lodging this form. This page is not part of the form. If required, professional advice should be obtained regarding the matters dealt with in this form.



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Registry use only

Updated July 2024

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Fee (GST free) - \$20.00

1. Contact details of the person lodging this application

Title	Given name(s)	Family/Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime telephone number	Mobile number	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		
<input type="text"/>		

2. What is the name of the incorporated limited partnership?

3. What is the registration number of the incorporated limited partnership?

Registration number

4. The incorporated limited partnership is now recognised as a:

Venture Capital Management Partnership (VCMP) within the meaning of section 94D(3) of the *Income Tax Assessment Act 1936* of the Commonwealth.

Date of recognition

 (DD/MM/YYYY)

5. Privacy statement

NSW Fair Trading Department of Customer Service gives priority to protecting the privacy of your personal information. We do this by handling personal information in a responsible manner and in accordance with the *Privacy and Personal Information Protection Act 1998* (PPIP Act). Service NSW acts as a shopfront for us and performs transactions for you, on our behalf.

The personal information contained in your application is collected and held by NSW Fair Trading and Service NSW will collect and hold personal information on our behalf as part of the application process.

We are collecting your personal information for the following purposes:

1. For determining a notification and evidence of registration as a VCLP, ESVCLP or AFOF incorporated limited partnership in accordance with section 54 of the *Partnership Act 1892* (PA Act).
2. Internal administrative purposes, including liaising with you in relation to your application.
3. We may use the information to support more informed policy making, program management, evaluation, research and service planning as it can facilitate more efficient service delivery for residents and business in NSW.
4. As required by legislation to record information on a public register, parts of which may be published online.

The consequence of not providing it is that your application may not be able to be determined. We may use the personal information contained in your application to confirm your details if you make any subsequent applications. We may also use it to administer/update our public register, including to send you information that we consider important such as information and updates regarding the partnership's obligations under the PA Act.

We will store and manage your personal information in accordance with provisions under the PPIP Act.

If required, we may make enquiries and exchange information with other NSW government agencies (including the NSW Police Force), or other States, Territories and/or the Commonwealth for the purpose of assessing your application and for compliance purposes. We may disclose your personal information for these purposes.

We will not disclose your personal information to anybody else unless you have given consent, or we are authorised or permitted to do so by law. Our [Privacy Statement](#) describes when this may occur. You can find this information and our [Privacy Management Plan](#) on the Department of Customer Service website.

Please see the [Fair Trading Privacy Code of Practice](#) for more information about how we handle your personal information, how you can request access to or correct the personal information we hold about you (if the information is inaccurate, incomplete, not relevant or out of date) and who to contact if you have a privacy enquiry or complaint, or email brdprivacy@customerservice.nsw.gov.au.

For more information about how Service NSW handles personal information please visit www.service.nsw.gov.au/privacy.

6. Certification and signature

This notification must be signed in accordance with the Partnership Agreement.
Please copy this notification if more signatories are required.

Type (Please tick one box only) ☐ Individual ☐ Corporation ☐ Partnership

I certify that the information provided in this application is true and correct.

Full name of corporation or partnership

Position held (For corporations only. Please tick one box only) ☐ Director ☐ Secretary ☐ Authorised Officer

Signature

Date signed (DD/MM/YYYY)

This form is designed to be completed in Adobe Reader. A cross appearing in the digital signature field above may indicate a compatibility issue. If a cross appears please sign here

Printed name