



SHELF
COMPANY SERVICES

ACN 608 393 451
ABN 52 608 393 451

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Ph: 0755741192

www.shelfcompany.com.au

info@shelfcompany.com.au

Office: By Appointment Only



Partnership Agreement

Firm (if any) _____ Date _____

Contact Person _____ Phone _____

Email _____ Ref No. _____

SHELF COMPANY SERVICES AUSTRALIA PTY LTD act only as agents in the provision of Partnership Agreement. Each agreement is prepared by the Solicitors. Individuals or professional firms ordering a Partnership Agreement should satisfy themselves that the agreement meets their requirements.

Digital version only

Partnership Name _____

Applicable Law

Unless otherwise indicated the agreement will state that the applicable law for the agreement is the law of QLD. If you require the law of another State to apply instead please indicate required state here. _____

Partnership Business Details

Registered

Address:

Commencement Date (if known)

Accountant

Bank Name

(Full name & Address)

(Full name)

Partnership % Partner Name & Percentage (must = 100%)

_____ % _____

_____ % _____

Partners

Name/s

(Full name or Company name and A.C.N.)

Address

Name/s

(Full name or Company name and A.C.N.)

Address

Special Instructions

PLEASE NOTE: IF YOU DO NOT HOLD AN ACCOUNT WITH SHELF COMPANY SERVICES AUSTRALIA PTY LTD ACN 608 393 451, PLEASE PROVIDE THE PAYMENT WITH YOUR ORDER. (SEE CURRENT FEE SCHEDULE). EMAIL ALL ORDER FORMS TO info@shelfcompany.com.au.