ANNUAL RETURN OF A LIMITED PARTNERSHIP

Form for Filing Annual Partnership Details

1. PARTNERSHIP DETAILS

Limited Partnership Name:

.....

Registration Number:

.....

Date of Registration:

.....

Principal Place of Business:

.....

Annual Return Period From:

.....

Annual Return Period To:

.....

2. GENERAL PARTNERS

Full Name / Corporate Entity Name	Registered Office / Residential Address	Signature Date

3. LIMITED PARTNERS & CAPITAL CONTRIBUTIONS

Full Name / Corporate Entity Name	Registered Office / Residential Address	Capital Contributed	Method of Contribution

4. DECLARATION AND CERTIFICATION

I/We hereby certify and declare that the information contained in this Annual Return and any accompanying schedules is true, complete, and accurate in all respects to the best of my/our knowledge and belief. No material changes affecting the accuracy of this return have occurred during this financial year that have not been duly recorded herein.

Signature of General Partner

Print Name:

Date:

Signature of Witness / Authorized Representative

Print Name:

Date: