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### INSTRUCTIONS FOR A PARTNERSHIP AGREEMENT

From: Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Email \_\_\_\_\_

The services provided by, and all orders placed with, Shelcom Corporate Services Australia Pty Ltd ("Shelcom") are subject to Shelcom's Terms and Conditions of Trade which are available on written request or may be viewed at [www.shelcom.com.au/trading-terms](http://www.shelcom.com.au/trading-terms). By using Shelcom's services and or by placing an order with Shelcom, you agree to be bound by Shelcom's Terms.

NAME OF AGREEMENT \_\_\_\_\_  
DATE OF DEED \_\_\_\_\_  
COMMENCEMENT DATE \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_

#### PARTNER 1

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone No. (Busn) \_\_\_\_\_ Fax No. \_\_\_\_\_

#### PARTNER 2

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone No. (Busn) \_\_\_\_\_ Fax No. \_\_\_\_\_

#### PARTNER 3

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone No. (Busn) \_\_\_\_\_ Fax No. \_\_\_\_\_

#### PARTNER 4

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone No. (Busn) \_\_\_\_\_ Fax No. \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

NUMBER OF WEEKS HOLIDAYS  
EACH PARTNER MAY TAKE PER  
CALENDER YEAR \_\_\_\_\_

CAPITAL CONTRIBUTIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROFIT & LOSS PROPORTIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARTNERSHIP BANK

Name of Bank \_\_\_\_\_

Address of Bank \_\_\_\_\_

Signatories \_\_\_\_\_

PARTNERS' DRAWINGS \_\_\_\_\_

MAXIMUM ILLNESS LEAVE \_\_\_\_\_

INTEREST RATE \_\_\_\_\_

ADDITIONAL PROVISIONS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CREDIT CARD DETAILS:** VISA  MASTERCARD  BANKCARD  AMEX  DINERS

Card Number:

Card Holder: \_\_\_\_\_

Expiry Date:  /  Card Holders Signature \_\_\_\_\_

Direct Bank Credit: BSB: 063 303 Account No: 1004 9522 – Please quote invoice no. or company name in comments