

Form 5
[See rule 20(2)]
Notice of change of name

Note: All fields marked in * are to be mandatorily filled.

1. *LLPIN

2. (a) *Name of the limited liability partnership
(b) Address of the registered office of the limited liability partnership

*Line 1

*Line 2

*City District

*State *PIN Code

*ISO Country Code

*Country

Phone Fax

*Email ID

3. *Reasons/purpose for change of name

4. *Service Request Number (SRN) of Form 1

5. *Proposed name

6. *Date of compliance of sub-rule (1) of rule 20
(DD/MM/YYYY)

Attachments

- (i) Copy of the minutes of decision/resolution/consent of partners,
- (ii) The extracts of the relevant provision of the Limited Liability Partnership Agreement, if any,

- (iii) If change is due to a direction received from the Central Government/ Registrar, then a copy of such direction,
- (iv) Optional attachment.

Statement

To the best of my knowledge and belief, the information given in this Form and its attachments is correct and complete.

I a designated partner of the LLP, am authorized to sign and submit this form.

To be digitally signed by designated partner
DPIN

Date:

Place:

Certificate

It is hereby certified that I have verified the above particulars from the books and records of (name of the LLP) and found them to be true and correct.

- Company Secretary in practice
- Chartered Accountant in practice
- Cost Accountant in practice

Digitally Signed

Certificate of Practice Number

Date:

Place:

For office use only:

This e-Form is hereby registered

Digital Signature of the authorizing officer

Submit to BO