



LLP Form No. 5

Notice for change of name

[Pursuant to rule 20(2) of Limited Liability Partnership Rules, 2009]

Form language

English

Hindi

सत्यमेव जयते

Refer instruction kit for filing the form

All fields marked * are mandatory

LLP details

1 *Limited Liability Partnership Identification number (LLPIN)

2 (a) *Name of the Limited Liability Partnership (LLP)

(b) *Service Request Number (SRN) of RUN

(c) *New name of LLP after change

(d) *Address of registered office of the LLP

(e) Jurisdiction of Police Station

(f) *Email ID of the LLP

3 (a) *Whether change in name is due to change in business of the LLP

Yes

No

(b) SRN of Form 3

4 *Whether change in name is

Based on the procedure laid down in the LLP agreement

With consent of all partners

Based on the direction from Central Government

Based on the direction from Registrar

(a) Clause Reference number of the LLP Agreement

(b) Relevant extract of the LLP agreement

5 *Date on which consent of partners was taken under sub-rule (1) of Rule 20 (DD/MM/YYYY)

Attachments

(a) Consent of Partners

(b) Copy of the minutes of decision/ resolution/ consent of partners

(c) Copy of the direction received from Central Government

(d) Copy of the direction received from Registrar

(e) Optional attachment(s) - if any

Statement

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

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

* To be digitally signed by a designated partner

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* DIN/DPIN of the designated partner

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the books and records of *

and found them to be true and correct. I further certify that all the required attachment(s) have been completely attached to this form.

* To be digitally signed by

DSC BOX

Chartered Accountant (in whole-time practice)

Cost Accountant (in whole-time practice)

Company Secretary (in whole-time practice)

* Whether associate or fellow:

Associate

Fellow

* Membership number or certificate of practice number

Save

Submit

For office use only:

eForm Service request number (SRN)

eForm filing date
(DD/MM/YYYY)

Digital signature of the authorizing officer

This e-form is hereby registered

DSC BOX

Date of signing (DD/MM/YYYY)