

LLP FORM NO.5

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



Notice for change of name

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

1.*Limited Liability Partnership Identification number (LLPIN)

Pre-fill

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

(b) Address of the registered office of the

(c) *e-mail ID of the company

3.*Service Request Number (SRN) of **RUN**-LLP

Pre-fill

4. New name of LLP after change

5. Whether change in name is due to change in business of the LLP Yes No
If yes, mention new/changed business of LLP

If no, give other reasons for change of name

6. Whether change in name is

- based on the procedure laid down in the LLP agreement
- with consent of partners
- based on the direction from Central Government

7. SRN of Form 3 (in case change of name is due to change in business of LLP)

8.*Date on which consent of partner(s) was taken under sub-rule(1) of rule 20

(DD/MM/YYYY)

Attachments

List of Attachments

1. Copy of the minutes of decision/resolution/ consent of partners
2. The extracts of the relevant provision of the Limited Liability Partnership Agreement, if any.
3. If change is due to a direction received from the Central Government/ Registrar, then a copy of such direction.
4. Optional attachment(s) - if any

Attach

Attach

Attach

Attach

Remove Attachment

Statement

- *To the best of my knowledge and belief, the information given in this form 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

DSC BOX

*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.

- * Chartered accountant in whole-time practice Cost accountant in whole-time practice
- Company secretary in whole-time practice

*Whether associate or fellow Associate Fellow

DSC BOX

*Membership number or Certificate of practice number

Modify

Check Form

Prescrutiny

For office use only:

E form Service request number (SRN)

e Form filing date

DD/MM/YYYY

Digital signature of the

Authorizing officer

This e-Form is hereby approved

DSC BOX

Confirm Submission

This e-Form is hereby rejected

DSC BOX

Date of signing

(DD/MM/YYYY) .";