

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)
- 2.(a) Name of the Limited Liability Partnership (LLP)
- (b) Address of registered office of the LLP
- (c) *e-mail ID of the company
3. *Service Request Number (SRN) of **RUN**-LLP
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

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.

List of Attachments

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**

***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

* Membership number or certificate of practice number

For office use only:

E form Service request number (SRN) e Form filing date (DD/MM/YYYY)

Digital signature of the Authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Date of signing

(DD/MM/YYYY)
