|  |  |  |
| --- | --- | --- |
| **Form No. 1** | Filing Fee Rs. 3/- |  |
| Rule 4 (II) | (Affix Court fee Stamp). |  |
|  |  |

**THE INDIAN PARTNERSHIP ACT, 1932**

Application for Registration of Firm by the Name

Presented of forward to the registrar of Firm and for filing by

We, the undersigned being the partners of the \*Firm,

hereby apply for registration of the said firm and for that purpose supply the following particulars

in pursuance of section 58 of the Indian Partnership Act, 1932.

|  |  |  |  |
| --- | --- | --- | --- |
| The firm name\* |  |  |  |
|  |  |  |  |
| Places of Business | (a) | Principal Place |  |
|  | (b) | Other Places. |  |
|  |  |  |
| Name of partners in full | Date of joining the firm | Permanent address in full |
|  |  |  |  |

1.

2.

3.

4.

5.

6.

Duration of the firm

Station

Date

Signature of all partners of their specially

authorised agents.

(\*) Here enter name of firm.

If any partner is a minor the fact whether he is entitled to the benefit of partnership should be set out herein.

P.T.O.

|  |  |  |
| --- | --- | --- |
| I, | son of | years of |
| age of |  | religion do hereby declare that the above |
| statement is ture and correct to the best of my knowledge and belief. |
| Date |  | Signature |
| Witness. |  |  |
| I, | son of | years of |
| age of |  | religion do hereby declare that the above |
| statement is ture and correct to the best of my knowledge and belief. |
| Date |  | Signature |
| Witness. |  |  |
| I, | son of | years of |
| age of |  | religion do hereby declare that the above |
| statement is ture and correct to the best of my knowledge and belief. |
| Date |  | Signature |
| Witness. |  |  |
| I, | son of | years of |
| age of |  | religion do hereby declare that the above |
| statement is ture and correct to the best of my knowledge and belief. |
| Date |  | Signature |
| Witness. |  |  |
| I, | son of | years of |
| age of |  | religion do hereby declare that the above |
| statement is ture and correct to the best of my knowledge and belief. |
| Date |  | Signature |
| Witness. |  |  |
| I, | son of | years of |
| age of |  | religion do hereby declare that the above |
| statement is ture and correct to the best of my knowledge and belief. |
| Date |  | Signature |

Witness.

N.B :- This form must be signed by all partners or their agents specially authorised in this behalf in the presence of a witness who must be either Gazetted Officer, Advocate, Vakil, Magistrate of Regis-tered Accountant.