LLP FORM NO. 5

Notice for change of name

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

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 registered office of the LLP

(c) *e-mail ID

3. *Service Request Number (SRN) of Form1 [ ] Pre-fill

4. 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

5. 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

6. New name of LLP after change

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

*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.

* ◯ Company Secretary in whole time practice ◯ Cost Accountant in whole time practice

◯ Chartered Accountant in whole time practice

*Whether associate or fellow ◯ Associate ◯ Fellow

* Membership number or certificate of practice number

Modify Check Form Prescrutiny

This eForm has been taken on file maintained by the registrar through electronic mode and on the basis of statement of correctness given by the filing LLP.