

FORM - D

INDUSTRIES DEPARTMENT
GOVERNMENT OF RAJASTHAN

Change in the name of the Partner and his permanent Address
(Section 62 of Indian Partnership Act, 1932)

Partnership Firm Registration Number

Firm Registration No:

enter firm registration number of FORM-A

Validate

(A) Applicant Details/ आवेदक विवरण

Applicant Type/ आवेदक का प्रकार

Authorized person Partner

Authorized Person/ Partner Aadhaar Number/ अधिकृत व्यक्ति/ पार्टनर आधार संख्या*

ENTER AADHAAR NUMBER

Validate

First Name/ पहला नाम *

enter first name

Last Name/ अंतिमी नाम

enter last name

Date of Birth (DOB)/ जन्म तारीख*

DD/MM/YYYY



Gender/ लिंग

Male Female Other

Address/ आवेदक का पता *

enter Address

Mobile Number/ मोबाइल नंबर *

enter 10 digit mobile number

Email ID/ ई-मेल*

enter email ID

(B) Change of Partner Name and Permanent Address Details/ पार्टनर का नाम और स्थायी पता का विवरण

Firm's Name/ फर्म नाम*

enter firm name

Registered Address*

enter place of business

No. of Partners/ पार्टनर की संख्या*



no of partners

We the partners of the firm hereby give notice pursuant to section 61 of the Indian Partnership Act, 1932, that the changes specified below have occurred in this firm.

S.No.	Partner Name	Address	Update Name & Address
1	PARDEEP PODDAR	FG, DH HOUSE N.938, DPH, DGH-124507, HARYANA	<input checked="" type="checkbox"/>

SA

Partner's Detail/ पार्टनर विवरण

S.No.	Partner Name	Specially Authorized Agent Name	Signature of partner	Signature of Specially Authorized Agent	Action
1.	PARDEEP PODDAR	NA			<input checked="" type="checkbox"/>

(G) Witness & Payment/ भुगतान और गवाह

Witness Details*

Name/ गवाह का नाम *

Designation/ गवाह का पद*

Address/ गवाह का पता *

Membership/Registration no (Mandatory in case of notary or an advocate of the High Court)*

Applicant Signature/ आवेदक का हस्ताक्षर *

No file chosen

Witness Signature with Seal / गवाह का हस्ताक्षर सील के साथ*

No file chosen

Alteration fees (₹) :- 100.00

Declaration

I/we do hereby declare that the above statement is true and correct to the best of my/our knowledge and belief.

Note: This form must be signed by all Partners or their agents specially authorised in this behalf in the presence of a witness /witnesses who must be Gazatted officer, Magistrate,notary public or an Advocate of the High Court.

SA