

FORM - F

INDUSTRIES DEPARTMENT
GOVERNMENT OF RAJASTHAN

Election by a person admitted as a Minor to the benefits of Partnership in a firm to become or not to become a partner

(Section 63 (2) of Indian Partnership Act,1932)

Partnership Firm Registration Number

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) Firm Details/ फर्म विवरण

Firm's Name/ फर्म नाम

enter firm name

Registered Address of the firm *

enter place of business

No. of Partners in th firm/ पार्टनर की संख्या

no of partners

Benefits of partnership in the firm having been *

3 3



(C) Minor Details

Minor Name/ माइनर का नाम *

enter minor name

Minor Address/ माइनर का पता*

enter minor address

8/19

Guardian Name/ अभिभावक का नाम*

enter guardian name

Guardian Address/ अभिभावक का पता*

enter the guardian address

Date of admission to benefits/ तारीख (लाभ के लिए)

././



Date when he/she will attain majority/ तारीख (बहुमत प्राप्त होगा)

././



Specially authorised in this behalf hereby give notice that of elected to become/ not to become a partner in the above mentioned firm

Signature of a person admitted as a minor or his agent*

Choose File No file chosen

(E) Witness & Payment/ गवाहन और गवाह

Witness Details*

Name/ गवाह का नाम*

enter witness name

Designation/ गवाह का पद*

enter witness designation

Address/ गवाह का पता*

enter witness address

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

enter witness membership / registration no

Applicant Signature/ आवेदक का हस्ताक्षर*

Choose File No file chosen

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

Choose File 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 Gazetted officer, Magistrate, notary public or an Advocate of the High Court.

Pay & Submit

Close

By Order and in the name of the Governor,

(Dr. Subodh Agarwal)

Principal Secretary (MSME) to the Government