

FORM – B

INDUSTRIES DEPARTMENT
GOVERNMENT OF RAJASTHAN

Alteration in the firm's name or in the location of the principal place of business of the firm
(Section 60 of Indian Partnership Act,1932)

Partnership Firm Registration Number

Firm Registration No.

enter firm registration number of FORM-A

Validate

(A) Applicant Details/ आवेदक का विवरण

Applicant Type/ आवेदक का प्रकार

Authorized person Partner

Authorized Person/ Partner Aadhaar Number/ अधिकृत
जाति/ 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 Alteration Details/ फर्म परिवर्तन विवरण

We the undersigned, being the partners of the Firm (Firm's Name-mentioned below) whose registered address is at (Firm's registered address- mentioned below) hereby notify pursuant to section 60(1) of the Indian Partnership Act, 1932, that the changes specified below have occurred in this firm.

Firm's Name/ फर्म नाम

enter firm name

Registered Address of the firm

enter place of business

Please choose Firm Alteration

Change in the Firm Name

Change in the location of the principal place of business

No. of Partners/ पार्टनर की संख्या*

no of partners

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"/> |
| | | | | | |

(E) 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